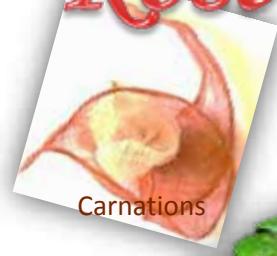




# Annual Report 2015



# Roses of Mbuya



# Visitors to ROM



1



2



3



4



5

1 U.S. Department of State, CDC (PEPFAR) and U.S. Department of Treasury staff come to ROM for an exposure visit.

2 Dr. Christine Ondoa (in pink), the Director General of the Uganda AIDS Commission, and a team of Tanzanian parliamentarians interact with ROM clients.

3 The Danish Ambassador, Dan E. Fredrick and other partners visit the Knowledge Room, where Reach Out Mbuya provides services to the most-at-risk populations.

4 The Country Director from the U.S. Centers for Disease Control and Prevention (CDC), Steven Wiersma, visits ROM to officiate the opening of the Portbell Wellness Center.

5 The Apostolic Nuncio to Uganda, Archbishop Michael August Blume, speaks to a mother in the PMTCT program during his visit.

## 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

*"Reach Out brings resurrection to people and without it many would be dead" His Grace Archbishop Michael August Blume, March 25th 2015*

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# Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCP	Basic Care Package
CATTS	Community ART and TB Treatment Supporters
CDC	Center for Disease Control and Prevention
DNA-PCR	Deoxyribonucleic Acid-Polymerase Chain Reaction
eMTCT	Elimination of Mother To Child Transmission of HIV
EPTB	Extra-Pulmonary Tuberculosis
HBHCT	Home Based HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
MJAP	Makerere University Joint AIDS Program
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
PNC	Post Natal Care
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
TAS	Teenage and Adolescent Supporters
UGANET	Uganda Network on Law, Ethics and HIV/AIDS
VHT	Village Health Teams
VSLA	Village Savings and Loans Associations
WHO	World Health Organization

# Foreword



I take the pleasure to welcome you as we share our achievements of 2015.

In this report, we share the story of Mutaka Henry who is not sure how he got infected with HIV since both his parents are HIV negative but is happy to be alive and pursuing the course of his choice, Diploma in Journalism. Henry is always excited about sharing his story if it will help save a life or support another young person. His story and the success stories of many others are the reasons we continue with the fight against HIV. Their success stories are as a result of good-hearted donors, partners and kind hearted individuals who continue to trust and support us. I therefore start by saying Thank you to you all who have faithfully walked and continue to journey with us. It has been and will continue to be a team effort. While some support the care and treatment, others support the community and social support, others the education of our orphans and vulnerable children and it is endless. So once again, I say, Thank you.

This year, we opened up our boundaries to reach out to more that needed a service but could not access it and to reach out to those who were unfortunately victims of city evictions due to urban development. We focused on reaching out to more Most at Risk Populations (MARPs) and we saw our numbers grow from 530 in 2014 to 751 by end of 2015. The youth in our community continued to take in the HIV prevention interventions among their peers. Listening to their views and opinions is testament that our messages need to be adjusted to fit the current times. Involvement of people living with HIV continues to be the core of the community-based interventions. The efforts and contributions of all the members of the team have led to the achievements shared in this report including the provision of HIV testing and counseling to 27,653 individuals, 5,165 of whom were MARPs; having 7,745 PLHIV active in care, 6,738 (87%) of whom were on anti-retroviral therapy (ART); mother-to-child transmission of HIV for mothers in the eMTCT program of 0%, educational support of 2,200 orphans and vulnerable children (OVC), comprehensive support for 981 grandmothers and vocational training of 162 youth and women and many more as you will read in this report.

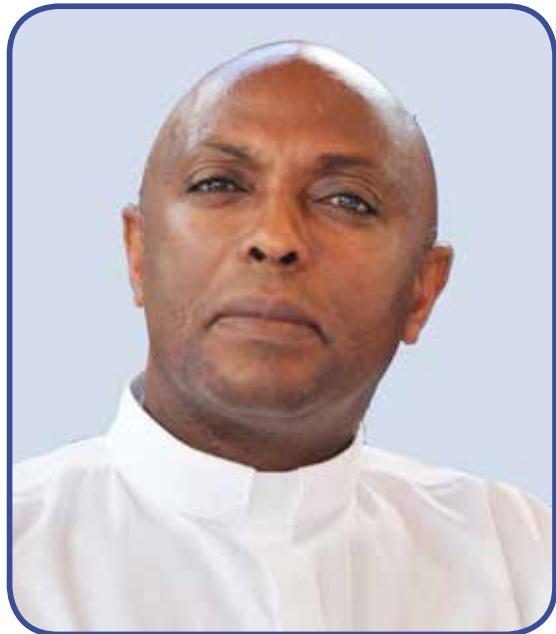
I take this opportunity to thank the Board and management for all the support they continue to provide to ensure the success of ROM. I thank the ROM staff that continue to do their work with commitment and love and I thank our patients that entrust us with their lives, open up their homes and share their families with us. Thank you all for accepting to work with love as we continue in this ministry that we have been called to because our ministry is one that is built on love. May God bless you all.

A handwritten signature in black ink, appearing to read "Betty Nsangi Kintu".

**Dr. Betty Nsangi Kintu**

*Executive Director*

# Message from the Chairman Board of Directors



The Lord has been so gracious to us this year that amidst the growing individualism in our world, Reach Out Mbuya continues to have good friends who have continued to support our efforts against HIV/AIDS. Thank you to all our friends and we pledge our continued commitment to improving the quality of life of those already infected and affected by HIV/AIDS while doubling our efforts to reduce the number of new infections in our communities.

I wish to re-echo the voice of the Holy Father, Pope Francis during his visit to Uganda in November 2015. While addressing the youth in the Kololo Independence grounds, he urged them to feel useful and participate actively in the development of this country. Our youth are struggling with the

temptations and challenges that surround them in these modern times .It is my prayer that the youth will gain self-esteem and confidence to overcome the present challenges and contribute positively to build the communities in which they live.

I wish to extend my sincere appreciation to all our donors for your kindness. You have all supported our people in various ways. We are truly indebted to all of you and we assure you of our prayers that God will continue to bless, guide and protect you.

I note with admiration the devotion and commitment of our staff to the clients. The clients continue to be handled professionally and with an exceptional spirit of service-we are grateful indeed. I also extend my gratitude to all the members of the Board for the time and professional advice they have offered to Reach Out Mbuya. We cannot pay you for your time and effort but we pray that the ever loving Almighty God will bless and reward you.

I wish you all the blessings of the Lord as you read our annual report.

A handwritten signature in blue ink, appearing to read "John Mungereza".

Fr. John Mungereza Mccj

*Chairman Board of Directors*

# Reach Out Mbuya HIV/AIDS (ROM) coverage

ROM works with the rural, peri-urban and urban poor communities within Kampala, Wakiso, Luwero and Nakaseke districts. ROM operates in four static clinic sites of Mbuya, Kinawataka and Banda in Kampala and Kasaala in Luwero 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 Most at Risk Populations (MARPs). The outreaches include; Portbell landing site, Kiwatule, Our Lady of Consolata Bweyogerere, St. Jude Catholic Church Naguru (go-down), St. Charles Namataba, Konakilak in Nakaseke district, and Mabuye and Bamugolodde in Luwero. 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, Kirinya HC II, Kireka HC II, Good Samaritan maternity home, and Bututumula HC II, Kabanyi HC II, St. Matia Mulumba HC II, St. Thereza Kabogwe HC II and Kimwanya II



# Reach Out Mbuya Outreach Network



# Executive Summary

This annual report (APR) covers activities implemented in the period January 1 to December, 31, 2015.

The activities have been implemented in partnership with the Ministry of Health, Uganda Catholic Medical Bureau, The Catholic Church, with support from; PEPFAR through Centers for Diseases Control and Prevention (CDC), Stephen Lewis Foundation (SLF), Reach Out Student Education fund (ROSE) California, Sid'Ecole, Barclays Bank, Medical Mission International, Centenary Bank, Housing Finance Bank, Shoprite, Quality Supermarket, and several individuals of good will without whom, ROM would not have been able to produce the results detailed here. ROM continued to register significant success towards training and mentorship of staff, provision of essential logistics and supplies, provision of the laboratory services, performance reviews and sharing of best practice experiences.

During the reporting period, 27,653 individuals received HCT, a 15% increment in the numbers tested compared to 2014; with an 8.0% positivity rate, similar to the previous year. By December, 2015, a total of 7,745 clients were active in care (7.3% were children below 15 years of age) compared to 6,203 in 2014; 6,738 (86.9%) were active on anti-retroviral therapy (ART), 8.5% of whom were children. ROM continued to enroll mothers into the Prevention of Mother to child

transmission of HIV (PMTCT) program testing 2,586 pregnant and lactating mothers, 196 (7.4%) of whom were HIV positive. ROM maintained 0% MTCT for mothers in the PMTCT program. However, some mothers who joined the program at PNC and key populations still presented with positive infants and children. Despite the success among mothers enrolled in the program, 40/438 (9.1%) children aged 18 months to 5 years tested HIV positive, an indication that mothers are still being missed during the ANC period. ROM continued to offer a one-stop shop model for HIV/TB care services; newly diagnosing 310 clients with active TB; 20 of whom were HIV negative. All were started on anti-TB treatment registering a TB treatment success rate of 92% compared to 87% the previous year. The program continued to focus on the Most At Risk Populations (MARPs) increasing the number of MARPs in care from 530 to 751.

Community and social support remains central to the HIV programming at ROM engaging clients as community health workers to ensure adherence and retention. By the end of the reporting period, over 8,000 OVC had been supported, with 2,200 receiving education support. ROM continued to engage youth, women and OVC in entrepreneurship skills training and provision of medical and social support for over 1,000 grandmothers.



## **With a promise of education, I adhered to treatment; By Mutaka Henry**



**Mutaka Henry**  
*Production Manager, Ntake Bakery*

My name is Mutaka Henry, aged 22 years and I am HIV positive. My parents are still alive and HIV negative. Nobody has given me a clear account of how I got HIV but there is common talk in my village, in Kayunga district that my uncle, my father's twin brother intentionally infected me. It is said that when he learned of his HIV positive status, he did not want to die alone and wanted my father heirless like himself. My father worked in Kampala and my mother was a fish trader, so they often left me under the care of my uncle. I grew up with a scaly body and many people thought I was a leper. I went to school, tilled the land and went about life like any other child until a woman vomited on me one day. She apologized but told me that I was too ugly to live among people. That was the first time I took a keen look at myself in the mirror. I became distant and only did what was asked of me.

In 2005, my father asked me to deliver a bunch of bananas to a nearby village by bicycle. Before I reached my destination; I fell off the bicycle because I had felt a terrible pain in my stomach. I coughed very painfully and was spitting blood. A passerby helped me get home and threatened to report my father to the authorities if he did not take me to hospital. My father sent me to my mother who at the time was living in Kampala. I was taken to Mulago hospital where I was tested for Tuberculosis (TB) and HIV. Both results came back positive. I was given medicine then my mother sent me back to the village. I continued to go to school in the village but without the guidance

of a parent; I sometimes did not take my drugs. At the time I sat for my Primary Leaving Examinations, I was wheeled to the exam room. Boils and swollen lymph-nodes covered my body but luckily, my mother visited during the festive season and brought me back with her to Kampala. I was taken back to Mulago hospital and was told that I needed a different type of treatment for the TB.

I had an uncle who was already a client of Reach Out Mbuya and whom many think is my biological father. He decided to look after me on condition that I received medication from the same place as he did which was actually easier for both of us as compared to Mulago. That is how I was introduced to Reach Out Mbuya. I knew that I had TB and HIV but had never received counseling. All I understood was that I was being helped to die with dignity. The counselor I first met was wonderful and promised to send me back to school if I took my medicines as prescribed. I was to get over 60 injections for the TB but this time, it felt different because I had a better view of life. I knew I could live a normal life again. I had met other HIV positive children and the nurses had become my best friends but most importantly, there was hope to get back to school. It was not easy but I persevered. In 2009, the promise was kept. I was enrolled in senior one at Kireka High School and ROM paid my school fees. I worked hard and in 2012, I sat for my Ordinary Level examinations where I scored 44 aggregates which was a second division but this was not to be the end of the road for me. I was still enrolled for Advanced level where I scored 10 points in History, Economics, Luganda and sub-Math. Last year, I enrolled for a diploma in journalism and up to now ROM has still supported me. I am a human being today; no one can vomit in my face, my CD4 is 347 and my viral load is undetectable. During my vacation, I joined a youth group that engaged in buying and selling farm produce and I am also a wholesaler of coconuts. Thank you Reach Out Mbuya, Thank you for keeping the promise and helping many like me. Thank you to all that make the money available. Not forgetting my mother, uncle, St. Paul Banda Catholic church where I was never segregated and currently I am the head altar boy. I long to meet my father and visit the village someday.

# ROM by the numbers

## HIV counseling and testing

- 27,653 individuals tested; 2,054 (7.5%) HIV positive
- 5,165 MARPs tested; 421 (8.2%) HIV positive.
- 18,176 (41.7% were males) reached with prevention messages; 6,139 (33.8%) were MARPs

## Care and support

- 1,785 clients enrolled into care
- 7,745 active in care; 61.3% are female
- 570 (7.4%) of the active clients were children aged less than 15 years old
- 35,088 home visits made to 8,475 clients

## Elimination of Mother to Child Transmission of HIV

- 4,749 HIV positive women screened for pregnancy; 406 (8.6%) pregnant
- 2,586 pregnant & lactating women tested; 201 (7.8%) positive
- 602 HIV positive mothers started on option B+
- ROM maintained 0% MTCT among mothers in the PMTCT program

## Anti-Retro Viral Therapy

- 6,738 clients (87%) on ART; 248 (3.7%) on second ART regimens
- ## Tuberculosis
- 1,917 presumptive TB cases identified
  - 310 newly diagnosed with TB
  - Treatment success rate (TSR) at 92%

## Community support services

- 8,612 OVC supported; 2,200 OVC received education support
- 1,766 OVCs participated in the peer-led psychosocial interventions
- 1,551 (643 OVCs) received food support.
- 352 OVC households received food with 1,791 secondary beneficiaries
- 427 VSLA groups sustained, 10,980 people benefited from VSLA; 41% HIV positive
- 981 grandmothers supported with health care, improved water and sanitation, and socio-economic support

## Governance, Management and staffing

- ROM had 167 staff during the period, 61% female, 35 % are clients
- ROM hosted 29 national and 4 students for placement and 77 volunteers

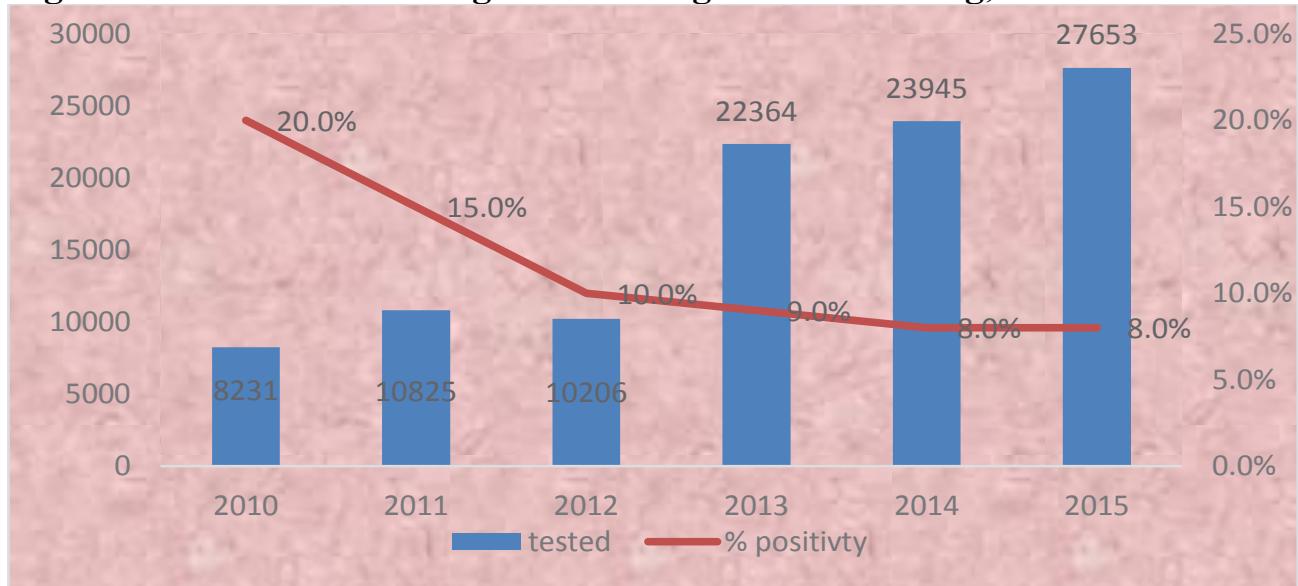
# Medical Directorate

## HIV Testing and Counseling (HTC)



- 27,653 (54.3% females) counselled, tested and given results
  - 5,165 (18.7%) MARPS
  - 2,586 pregnant and lactating mothers
  - 1,338 couples
- 357 individuals at Kasaala referred from PHC for HCT (PITC); 14 (4%) tested HIV positive
- Testing among men increased two-fold from 2014

**Figure 1. Numbers accessing HIV Testing and Counseling, 2010-2015**



**Table 1. HCT access and Positivity rates according to mode of HCT delivery (2012-2015)**

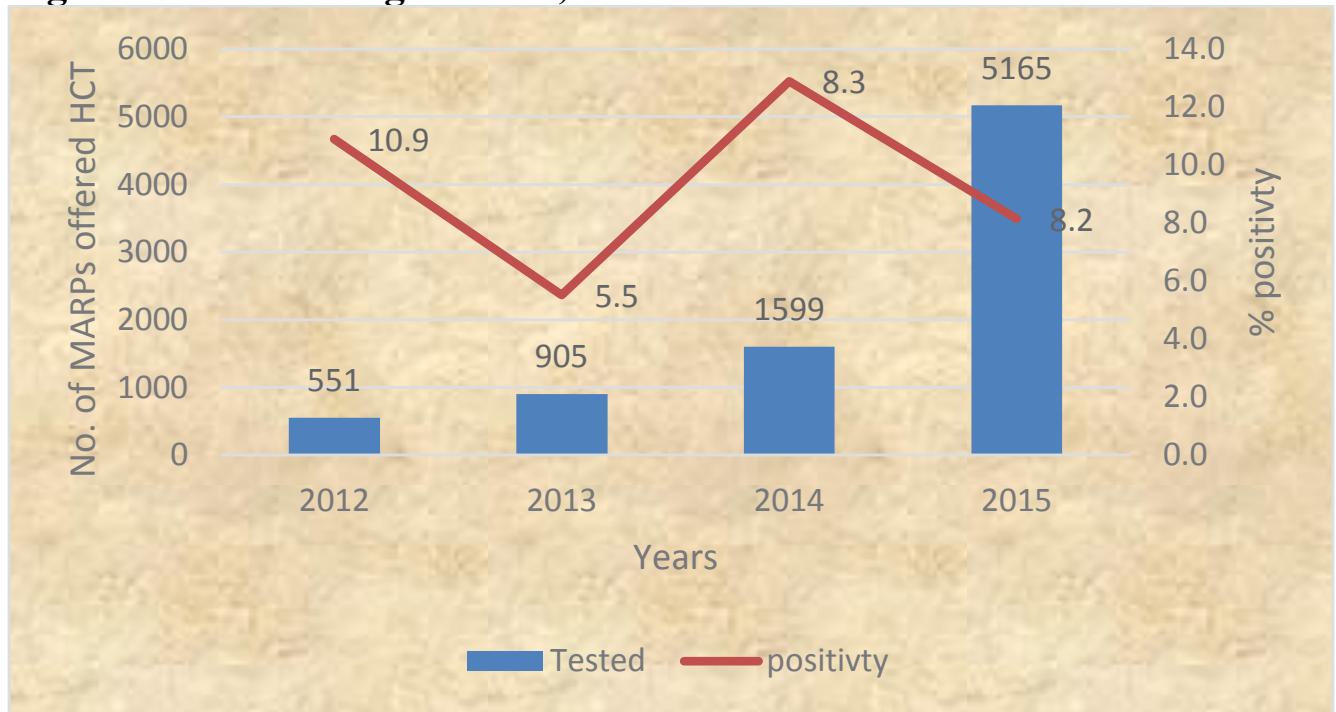
Approach	2012		2013		2014		2015	
	Tested	% HIV +						
Facility	4,023	12%	6,433	18%	5,793	17%	7,117	14.3%
ANC	386	4%	188	6%	1,429	10%	2,204	7.6%
Mobile outreaches	4,023	5%	5,485	5%	5281	5%	6,182	7.5%
PNC	- *	-*	58	17%	293	10%	452	6.1%
Public-private partnership	455	4%	6,716	5%	8,238	5%	9,423	5.7%
Moonlight	315	10%	846	7%	644	7%	505	5.6%
***Other outreaches	423	43%	1737	7%	1204	5%	1,348	3.1%
HBHCT	325	11%	573	1%	956	3%	230	2.0%
Immunization outreaches	256	9%	328	8%	107	1%	192	2.1%
<b>Totals</b>	<b>10,206</b>		<b>22,364</b>		<b>23,945</b>		<b>27,653</b>	

\*\*\* Outreaches community prevention, and other targeted community outreaches \*There was no PNC aggregated data

**Figure 3. Trends in HIV sero-discordance among couples, 2006-2015**



**Figure 4: HCT among MARPs, 2012 - 2015**



# HIV PREVENTION SERVICES

Prevention activities targeted MARPs and the youth using group discussions, post-test clubs and music, dance and drama.



*Interactive prevention sessions with the Fisher folks and truckers*

## Music, Dance and Drama in HIV Prevention

Music, Dance and Drama (MDD) competitions were organized for primary and secondary

schools with the theme "Achieving Zero New HIV infections among the young people". Ten primary schools and nine secondary schools participated reaching 1,479 youth (858 females).



*Primary and secondary schools MDD competitions presided over by the Secretary General of the National Council of Children, Mr. Martin Kizza, (Bottom right photo) and the Commissioner for Children and Youth affairs of the Ministry of Gender, Labor and Social Development, Mr. Kabogoza James (Bottom left photo)*

## **Elimination of Mother to child transmission of HIV**

ROM continues to support the elimination of Mother-To-Child Transmission of HIV (eMTCT) through the four-pronged approach.

### **i) Primary prevention of HIV infection among women of reproductive age**

Sensitization of women and youth of reproductive age on HIV prevention was done with the women and VSLA groups in the communities, the young mothers' clubs, among discordant couples and through the schools program.

#### ***Out-of-school and In-school Youth activities***

Youth camps and football leagues were held to reach out to the youth out of school and HIV prevention messages were passed on during the activities. These were held in partnership with Naguru Teenage Information and Health Center which provided the reproductive health services and HTC.

HIV prevention messages were offered to school children aged 10 - 24 years in small groups of 15-30 through seminars, debates, MDD and discussions. Children came up with HIV prevention messages (AB messages) and demonstrated their understanding of the messages through skits, songs, plays and poems which were then passed on to their peers. The discussions also allowed the children to open up about some challenges they were dealing with.



*Top: Excelling youth receive awards after the football league  
Bottom: A ROM staff facilitates a seminar in school*

### **Young mothers' club**

The young mothers' club was started to reach out to pregnant OVC. The adolescent/teen mothers were offered friendly and non-judgmental environment to meet and share information on parenting, HIV prevention and have social interaction. The fortnightly meetings are facilitated by the eMTCT nurse and a social worker. Sixteen young mothers were in the program in 2015.



*A youth club uses Music Dance and Drama to reach out to women groups*

### **ii) Prevent unintended pregnancies among HIV infected women**

Sexual and reproductive health have been integrated into the daily health talks conducted as clients wait to be seen. ROM continued to partner with Amalgamated Truckers and General Workers Union (ATGWU) in the provision of reproductive health services for the key populations at the outreach sites.

### **iii) Eliminate the transmission of HIV from infected pregnant mothers to their babies**



#### HTC among new ANC attendees

- 2,204 new ANC attendees offered HCT
- 653/2,204 (29.6%) new ANC attendees – adolescents
- 168/2,204 (7.6%) positive
- 75/653 (11.5%) adolescents positive

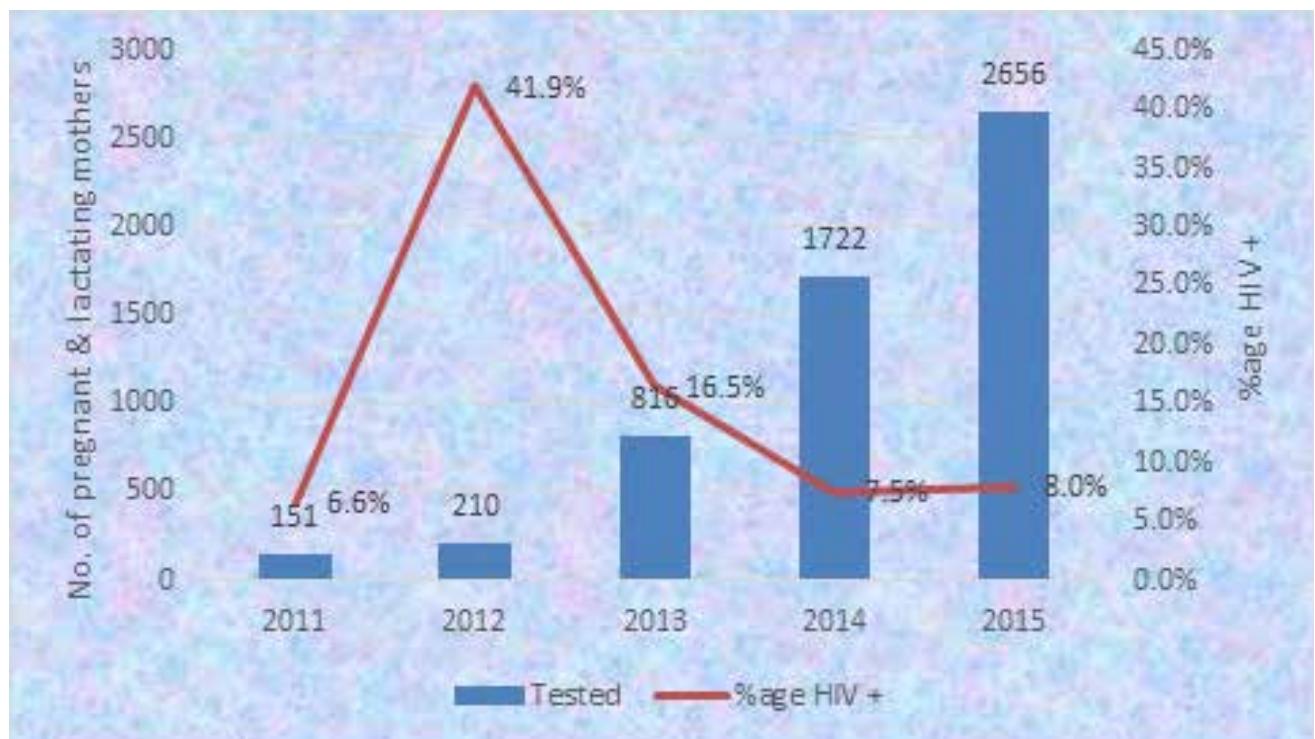
#### Pregnancy among HIV positive women

- 4,749 women screened; 406 (8.5%) pregnant
- 401/406 (98.8%) on ART
- 5 started on Option B+

#### HCT for Postnatal (PNC) Mothers

- 452 PNC mothers tested
- 136/452 (30%) adolescents
- 28/452 (6.2%) positive
- Prevalence among adolescents was 7.4%

Figure 5. HTC trends among pregnant and lactating mothers, 2011-2015



#### Early Infant Diagnosis

Two hundred ninety six (296) exposed infants were born and all the infants received nevirapine (NVP) syrup. Six out of the 290 exposed infants tested positive at the 1st DNA PCR; 3 tested for the 1st time during PNC, two were born to FSW one mother removed false teeth while breast feeding. The mother to child transmission for mothers in the eMTCT program was maintained at 0%.

#### Deliveries at Reach Out Mbaya, Kasaala (ROK)

In 2015, 425 mothers were admitted; 338 (39 Adolescents) deliveries were conducted, of which 46 (13.6%) were HIV positive and all received the full eMTCT package. There were no maternal and infant deaths

Figure 6. HIV positivity among mothers delivering at Kasaala, 2009-2015

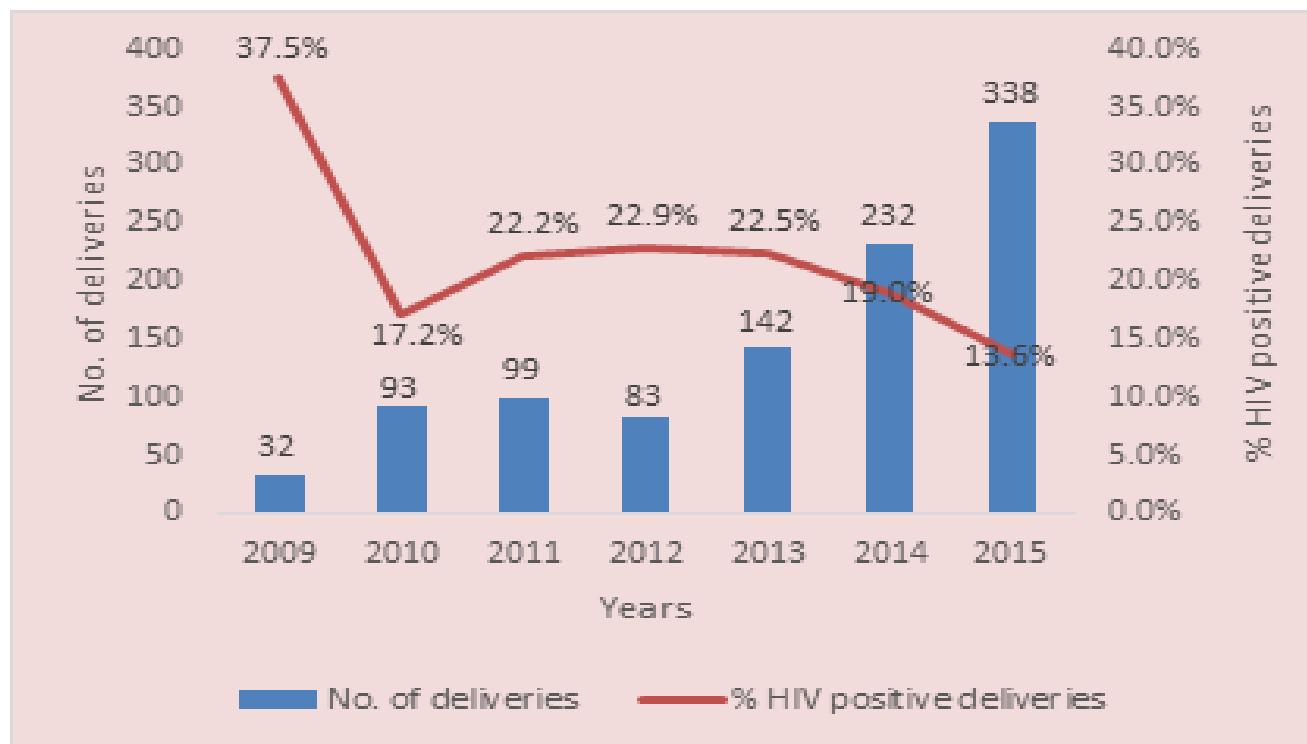


Figure 7. Delivery trends among Adults and Adolescents in Kasaala, 2009-2015



### eMTCT community support

Pregnant and lactating mothers are linked to the mother-to-mother (M2M) community supporters who follow them up in the community until the babies are two years old. Mothers are also enrolled

in the family support groups for improved follow up, adherence, disclosure and family support. 150 males escorted their spouses for ANC services and were offered HCT; 6 tested HIV positive and were linked into care. However, male involvement still remains a challenge.

# Clinical Care and Support Services

ROM focused on reaching out to key populations (Female sex workers, Vulnerable men, People who inject drugs), and priority populations (fisher folks, Truckers, uniformed men, customers to MARPs, adolescent girls, and children). During

the year, 2,054 individuals tested HIV positive. Of these, 1,785/2054 (87%) were linked into care. By December 2015, 7,745 patients (570 children, 751 MARPs) were active in care.

Figure 8. Linkage into care trends, 2010 - 2015

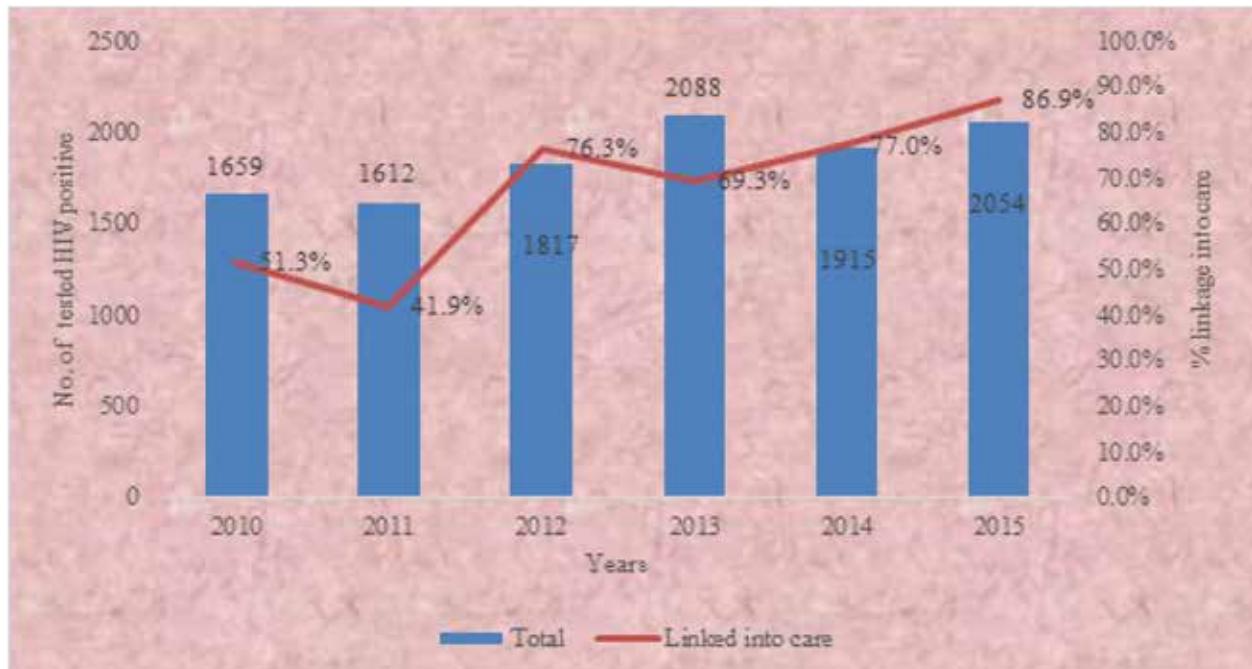


Figure 9. Active Clients in care, 2004 - 2015

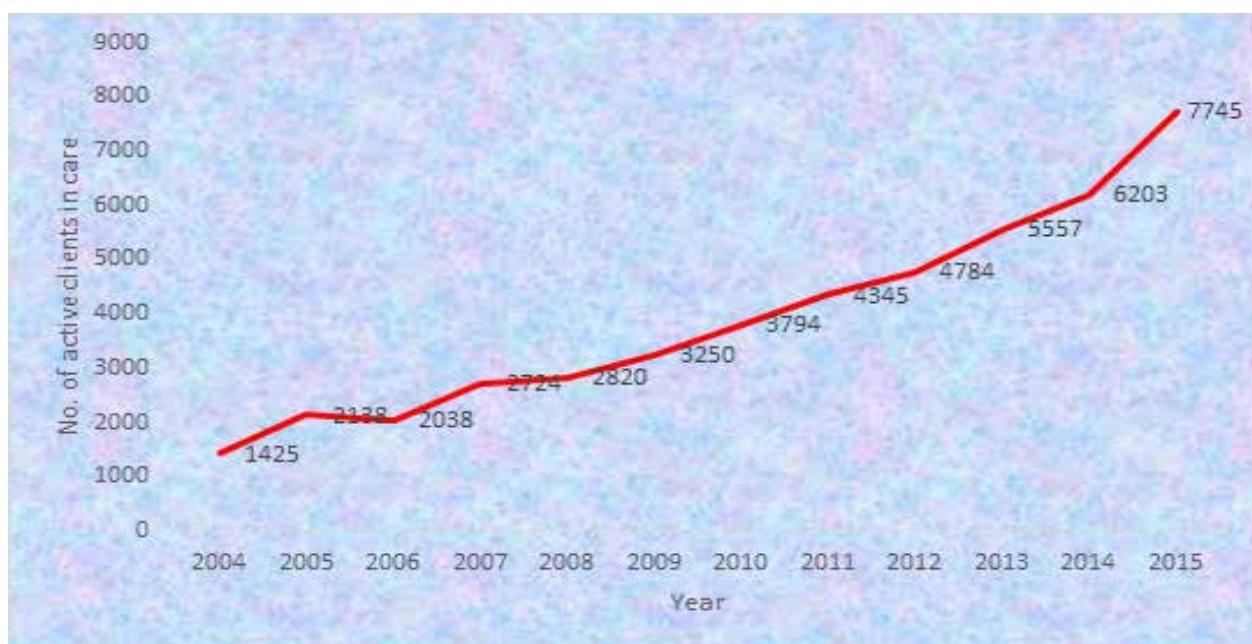


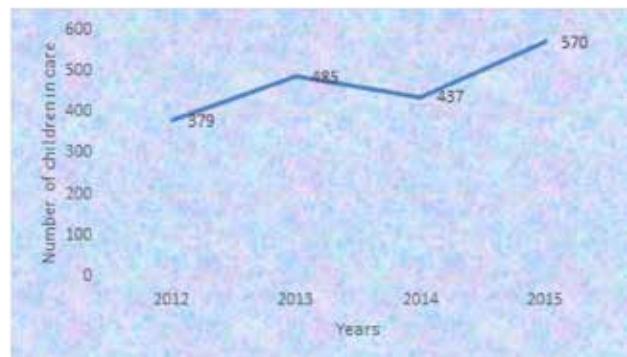
Table 2. Clients in care by age and sex, 2015

Age group	Females	Males	Total
18 months < 5 years	77 (50.3%)	76 (49.7 %)	153 (2.0 %)
5 years <10 years	90 (47.4%)	100 (52.6%)	190 (2.5 %)
10 - <15 years	124 (54.6%)	103 (45.4%)	227 (2.9 %)
15 - <19 years	79 (64.8%)	43 (35.2%)	122 (1.6 %)
19 - <49 years	4230 (65.2%)	2,261 (34.8%)	6,491 (83.8 %)
> 49 years	305 (54.3%)	257 (45.7%)	562 (7.3 %)
Total	<b>4,905 (63.3 %)</b>	<b>2,840 (36.7%)</b>	<b>7,745</b>

### Pediatric and adolescent care and support

Children and adolescents were tested through HBHCT, MCH outreaches and HIV prevention activities; 1,128 children (less than 15 years) and 1,607 adolescents (10-19years) were offered HCT testing 82 (7.3%) children and 125 (7.8%) adolescents HIV positive. All were enrolled into care giving a total of 570 children (7.4% of the 7,745 active in care) and 383 adolescents (4.9% of the 7,745 active in care) active in care.

Figure 10. Children active in care, 2012 - 2015



### Psychosocial interventions for the children



Play therapy for HIV positive children attending clinic and OVC accompanying their parents to the clinic. Psychosocial challenges are identified and necessary referrals made

### Friends' forum

The friends' forum is a peer support group for HIV positive children and adolescents that have been disclosed to. During these meetings, group discussions are held on stigma, disclosure, sexuality, risky behaviors in young people, experience sharing, positive living and adherence.



### Bread of life Adolescent camp

A camp was organized for children and adolescents living with HIV. Ninety-eight (98) HIV-positive children aged 11 to 18 attended the five-day camp which focused on enhancing coping skills, self-esteem, personal growth and life skills among others. Activities included one-on-one counseling, role-plays, testimonies, games, art and craft among others. The children reported that the camp made them feel better about their HIV positive status; "I now know how to respond to other children at school, when they tell me that I am HIV positive. I will not miss school again because of my status"- remarked one of the campers. Following the camp, 5 HIV positive adolescents and youth shared their experiences of growing and living with HIV on Radio Maria.

## “Camp in pictures”



## TB Management

TB services have been integrated with HIV services through screening of all HIV clients routinely for TB, TB patients for HIV and providing TB treatment to both the HIV positive and negative. A total of 1,917 presumptive TB cases were identified; 310 clients (16 children <15 years, 20 HIV negative) were newly diagnosed with active TB and HCT was offered to those not in HIV care. Nine relapse cases and one multi-drug resistant

(MDR) TB case were identified. The MDR case was referred to Mulago hospital bringing the total of MDR-TB cases active in care to 7. All individuals diagnosed with TB were linked to the Community Health Workers for close monitoring and follow up. Contact tracing was done to 45 households (179 individuals) that had an index smear positive case and 3 contacts were diagnosed with TB. ROM achieved 92% treatment success rate an improvement from the previous year.

**Table 2. TB Diagnoses by site, 2015**

Site	Bacteriologically confirmed TB	Clinically diagnosed TB	Total
Banda	9	34	43
Kinawataka	49	73	122
Mbuya	40	75	115
Kasaala	14	16	30
<b>Total</b>	<b>112</b>	<b>198</b>	<b>310</b>

**Table 3. TB treatment outcomes, 2013 - 2015**

Out comes	2013	2014	2015
<b>Cured</b>	38	110	36
<b>Completed treatment</b>	61	42	33
<b>Treatment failure</b>	7	3	1
<b>Transferred out</b>	12	3	3
<b>Loss to follow up</b>	2	3	0
<b>Died</b>	3	13	2
<b>Total</b>	123	174	75
<b>Treatment Success rate</b>	<b>80.0%</b>	<b>87.0%</b>	<b>92.0%</b>

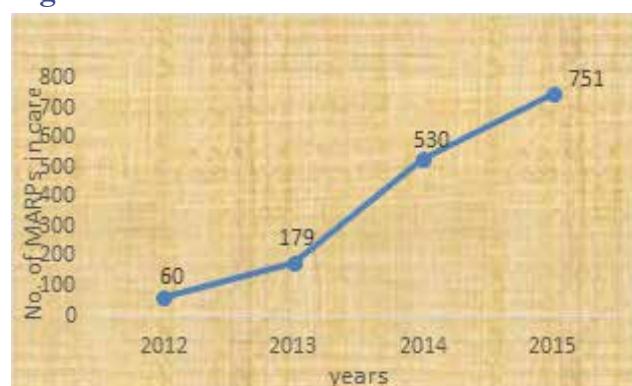


When 16-year-old SB walked into the gates of Reach Out Mbuya on the 10th of August, 2015, she was very frail being supported by her aunt. Everyone gave them way and prepared a bed for her to lie. Her aunt provided the necessary clinical history; SB had been transferred in from a health center where she had been initiated on ART two years prior to this visit. She presented with a two-month history of cough, evening fevers, occasional night sweats, loss of appetite and marked weight loss. Often, the history taking session was interrupted with concerns on whether SB would really live through this ordeal. Investigations were done and SB was clinically diagnosed with TB. She was immediately initiated on anti-TB medication and supported with nutritional therapy. Her CD4 was 33 cells. After two weeks on TB treatment, SB was switched to 2nd line regimen. During subsequent visits, SB showed gradual weight gain. She is now able to come to the clinic by herself and is very cheerful about life. She also looks forward to getting enrolled into school.

### Most At Risk Populations (MARPs)

ROM continued to provide comprehensive HIV care to MARPs through outreach clinics including moonlight outreaches in hot spots and parking yards of long distance truck drivers. MARPs were also engaged in training for economic strengthening activities. This year, ROM started providing comprehensive HIV care services to people who inject drugs (PWIDs) providing HTC and HIV prevention services.

**Figure 11. MARPs in care**



## *Port bell Wellness Center opens*

ROM has been providing HIV services to MARPs at Kinawataka Knowledge room since 2014. A counselor is stationed at the center six days a week to provide HTC and ensure client enrollment. There are also various forms of edutainment available at the center that keep the MARPs engaged. The Knowledge Room is near a transport and shipping company and has attracted many truckers and sex workers.

ROM had been operating an outreach clinic in Portbell since 2012. Portbell is a landing site that attracts fisherfolk, truckers and FSW that work in the nearby bars. A Wellness center was built to provide a center where the MARPs can meet and a counselor is stationed at the center six days a week to provide HTC.

Services were extended through an outreach clinic to Konakilak village, a young village in Kapeeka Sub County, Nakaseke district that was formed as a result of traders and FSW moving close to Ssingo Barracks.



- 751 MARPs in care
  - 425 (56.6%) female sex workers (FSW)
  - 128 (17.0%) fisher folk
  - 81 (10.8%) uniformed men
  - 95 (12.7%) truckers
  - 18 (2.4%) people who inject drugs (PWIDs)
  - 5 (0.7%) Men who have sex with men (MSM)

## **Discordant couple Program Risk reduction Intervention**

ROM conducts a 3-month modular risk reduction training for discordant couples, aimed at prevention of HIV transmission to the negative partner and children in the event of pregnancy. Ninety-nine (99) new discordant couples were linked to the program. At the end of the training, 50 HIV negative partners were retested and two (4%) tested positive. The annual discordant couples meeting was held to strengthen the ROM discordant couple support and adherence; 159 individuals (58 couples, 43 without partners) attended; 35 HIV negative partners retested and all tested HIV negative. 508 home visits were made to 166 discordant couples by the community health workers (CHW); 17 couples had misunderstandings due to issues regarding

contraceptive use and 4 couples separated bringing the total of active discordant couples to 253.

## **Alcoholic Support Club**

Alcohol is a major cause of poor adherence since some of the communities served by ROM engage in local alcohol brewing and selling. An Alcohol Support Club was created to address this problem. Two counselors were placed at Butabika hospital at the Alcohol and Substance Abuse unit for mentorship and these are responsible for running the club that meets monthly with support from Butabika Hospital. Seven out of the 167 clients that attended the meetings accepted to disengage from alcohol and were referred to Butabika hospital for rehabilitation.

## Sexually Transmitted Infections (STI) diagnosis and treatment

STI screening, diagnosis and treatment is routinely offered to couples in discordant relationships, MARPs, during HIV care consultations and at ANC and PNC. 449 of the 8,475 patients screened, and 435 MARPs (175 HIV negative) were diagnosed and treated for STI. In addition, 77/731 (10.5%) pregnant women were diagnosed and treated for syphilis.

## Nutrition support

TS was an HIV exposed infant. The mother used to work with a Chinese restaurant in Kampala where she earned five thousand shillings (UGX 5,000) per day. The mother and child were inconsistent for their clinic appointments. In 2014, TS' mother had

misunderstandings with her husband; they separated and he promised to sell the only land they owned. The ROM legal assistant intervened, the husband was arrested and imprisoned for two weeks. He was later released with a court order never to sell the land. The single mother could not afford to cater for the family hence the child's health began to deteriorate drastically. TS was brought to the clinic after 6 months with cough, diarrhea and loss of weight. The child's weight was 4.4 kg and was diagnosed with severe malnutrition. The mother had stopped breastfeeding at 2 months for fear of transmitting HIV to the baby. "My first born tested HIV positive as a result of breastfeeding and this time I vowed not to breastfeed TS". TS was referred to Mwana Mugimu in Mulago national referral hospital for severe acute malnutrition. When he was discharged, ROM provided the mum with Soya Blend and milk for a period of 6 months. TS fully recovered from malnutrition, is now 15 months old and is growing well.



TS Being examined by a doctor

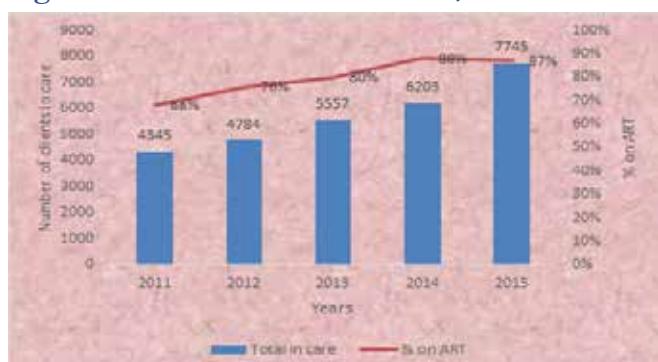


When TS visited the clinic

## Anti-retroviral Therapy (ART)

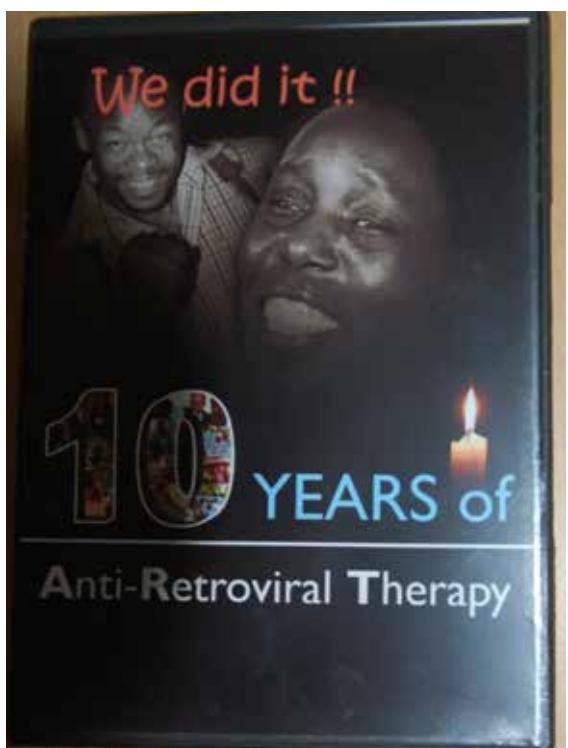
By the end of December 2015, 1,306 patients had been newly enrolled on ART giving a total of 6,738/7,745 (87%) patients receiving ART; 96.4% of the adults and 95.3% of the children were on first line ART regimens. Of those on ART, 613 (9.1%) were children less than 19 years of age and 769 were MARPs.

Figure 12. Clients in care Vs ART, 2011-2015



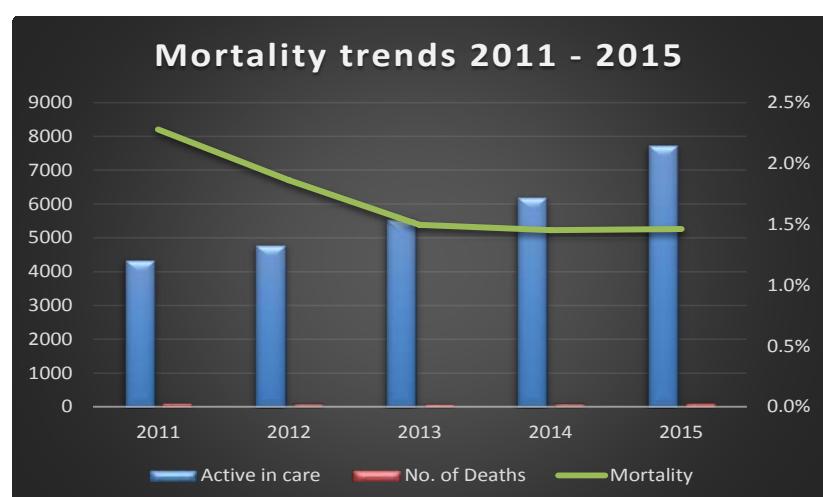
## **“We Did It, Ten Years of ART”**

In commemoration of World AIDS Day 2015, ROM launched the documentary, “We Did It, Ten Years of ART” that tells the stories of clients who have been on ART for not less than 10 years. The ceremony was presided over by Ms. Patricia Mahoney, Deputy Chief of US Mission, Uganda.



## **Death Audit**

One hundred and thirteen (113) deaths occurred, representing 1.4% mortality rate slightly lower than the previous year of 1.5%. Mortality among those on ART was 1.4% while mortality among the clients not on ART was 2.2%. The main cause of death remains TB with mortality due to cancer at 4.5% in 2015.



## Laboratory

Quality laboratory services were provided across the four community clinic sites and the mobile van laboratory which provides outreach laboratory services to cater for MARPs. Laboratories of public-private partnership (PPP) facilities were supported to carry out HIV tests. On a bi-monthly basis, support supervision was conducted for the mobile van and the PPP laboratories to ensure good laboratory practices, conduct internal and external quality assurance and control. Blood and sputum samples were sent to Uganda Virus Research Institute (UVRI) and AISPO/National TB Reference Laboratory (NTRL) for quality assessment and the results were 100% throughout the year.

## Pharmacy management

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 is maintained. Drugs are provided by the Medical Access Uganda Limited (MAUL), National Medical Store (NMS), and Joint Medical Store (JMS) on a quarterly basis. ROM adopted the web-based ARV ordering and reporting system (WAOS). ROM continues to experience interruption in isoniazid supply due to national stock outs. In 2014/2015 Reach Out Mbuya, Kinawataka and St Mary's Kasaala sites were recognized as the best in management of drugs and laboratory commodities in Uganda with Golden awards from Medical Access Uganda Limited (MAUL) and Ministry of Health.

In addition to maintaining the steady supply of ARVs, HIV testing kits and lab reagents to all the ROM sites, **Medical Access Uganda Limited (MAUL)** supported the improvement of ROM pharmacies and stores through donation of shelves, pallets, file cabinets wall clocks, access signs, guiding dispensing charts and temperature logs in addition to the routine support supervision.



*Stores before*



*Stores after the support from MAUL*



# 2015 in Pictures



ROM Executive Director receives an award from Uganda AIDS Commission presented by the Minister of Ethics and Integrity.



Reach Out Mbuya is awarded First Runner Up for the HIV&AIDS Leader of the Year Award from the Uganda AIDS Commission.



A Christmas gift from Bank of Africa- a 32 television set subscribed with GoTV for a whole year.



Canadians grandmothers keenly listen to the experience of a grandmothers' VSLA group in Kassala.



Equity Bank contributes to clients' lunch.



Lent is a time to share, and the V-lounge group did not forget the Reach Out family.



Opio innocent, a former student on placement chose to spend his birthday with the Reach Out Mbuya family.



Thank you to Shoprite Supermarket for all the chocolates that make childrens' activities more attractive.

# 2015 in Pictures



*The Great Generation, a team which has annually volunteered with ROM, meet with the Chairman Board of Directors.*



*The Nakawa Division medical officer Dr. Christopher Oundo hands over a weighing scale and examination couches to Reach Out Mbuya.*



*Tropical heat donates crisps for the children's Christmas party.*



*Roses of Mbuya tailors make bags for a conference in September. The workshop employs members of the community infected or affected by HIV.*



*Orphans and Vulnerable Children (OVC) celebrate at the annual Children's Party in December.*



*Children sponsored by Reach Out Mbuya pray during a children's mass in October before taking their primary leaving exams.*



*A Village Savings and Loans Group meets in June. The group meets weekly to pool their savings and take out small loans.*



*Children sponsored by Reach Out Mbuya at local schools participate in an annual Music, Dance and Drama day in September.*

# Community Support Department

## HOME BASED CARE



Each HIV positive client is attached to a peer community health worker (CHW) to monitor adherence to treatment and ensure retention in care. The CHWs are the link between the health facility and the home. They closely follow up clients with poor adherence and link them to adherence support groups. The clinically unwell, clients with social issues; the newly diagnosed with TB and those with detectable viral loads are also followed up closely by the CHW. Clients out of reach for home visits are followed up through phone calls. The peer CHW include; Community Antiretroviral and Tuberculosis Treatment Supporters (CATTs), Teenage and Adolescent Supporters (TAS), Mother to Mother (M2M) supporters and the MARPs peers. In Kasaala, the Village Health Teams (VHTs) and expert clients conduct the community follow ups. The community network made 35,088 home visits to 7,820 clients and identified 230 households for HIV testing; 5 individuals tested HIV positive and

were linked into care. The major socio-economic challenges identified were alcohol abuse, food insecurity, non-disclosure and domestic violence. ROM has experienced challenges of following up MARPs because of their work schedules. However, through home visits, there has been marked improvement in key program outcomes including retention, adherence, eMTCT and TB treatment.

### MARPs community follow up

A peer-to-peer approach and MARPs networks were used to increase access to services for MARPs. The MARPs peers helped ensure that MARPs were retained in care and those with clinical or social challenges were supported and referred accordingly. The MARPs were mainly followed up through phone calls; occasionally reminding them of clinic appointments and offering counseling when necessary. The MARPs retention in care rate was 92%.

## ECONOMIC STRENGTHENING

Clients and OVC caretakers were empowered to reduce the economic vulnerability of their households. Key activities included; Entrepreneurship skills training, Provision of income generating activities which included; poultry, piggery and goat keeping, Liquid soap and candle making training for MARPs and Village Saving and Loans Association (VSLA) groups.

### Village Saving and Loans Associations (VSLA);



By the end of December 2015, a total of 427 groups were active reaching 10,980 individuals with 92% females and 52% client involvement. The cumulative value of savings stood at UGX 2,578,346,850/=, with a cumulative loan value of UGX 1,495,771,131/=, 217,327 cumulative loans and 4,567,554/= as total outstanding amount of loans. With support from the Stephen Lewis Foundation (SLF), an additional 10 VSLA groups were formed reaching 264 grandmothers and 36 grandfathers. Their savings stood at 7,888,000/= and the loan portfolio was at 8,485,200/= with 98 active loans. Major VSLA challenges are; Poor record keeping, delay in loan repayment and low attendance of weekly meetings. Fifty five (55) groups were linked with banks in an effort to improve safety of savings.

**Economic empowerment among MARPs;** Sixty (60) MARPs were trained in candle making and 53 in liquid soap making as shown below:



## Animal Husbandry

Households were trained in the integration of livestock rearing with crop growing through organic manure made from animal droppings and using crop wastes such as leaves, roots, maize husks to feed the animals. The trainings were participatory and practical in approach. Thirty-three (33) OVC households were trained benefitting 217 OVC. The households received piglets, goats and chicks.



## Roses of Mbuya (Roses):

An income generating activity that supports HIV positive women and their families. 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 in their communities. Roses got contracts from PACE, Barclays Bank, the Stephen Lewis Foundation, Our Lady Of Africa Mbuya Church Parishioners, St. Kizito Schools, Reach Out Mbuya staff and other individuals.



## ORPHANS AND VULNERABLE CHILDREN (OVC)

### ▪ *Education support:*

- 2,200 (51.5% females) children were provided with education support; 162 (7.4%) HIV positive
- 589 OVC with socio-economic challenges at school were referred to the home based care section by the OVC team
- 557 OVC households graduated and were linked to income generating activities (IGAs)
- 18 OVC were offered placements at ROM
- 765 parents attended the annual meeting to discuss ROM OVC programming

Some OVC activities in photos



*Annual Head teachers meeting*



**Economic strengthening;** 854 OVC Households were empowered through vocation/

apprenticeship trainings and agricultural products. They were encouraged to form or join VSLA groups. OVC households that received Income generating items (goats, pigs, poultry and farming seeds) were followed up, their Income Generating Activities (IGA) plans were reviewed and given guidance to ensure high yields from the inputs. From the follow ups, it was noted that the households had increased ability to provide nutritious food to their beneficiaries, the children under their care were schooling and accessing medical care whenever required.



- ***Child protection and legal support:***

- Sensitization and education on child protection were integrated into the VSLA, child activities and in health talks during clinic consultations
- ROM collaborated with various OVC support programs;
  - Linking 156 OVC to Uganda Child Help Line for child abuse
  - One female teenager was linked to WAKISA for teenage pregnancy support
  - 153 OVC care takers were linked to UGANET for property grabbing/ownership support
- 967 OVC were sensitized on child and legal support
- 104 OVC were assisted to do birth registrations.

- ***Food and Nutrition***

- 352 OVC households were supported with food benefiting 1,791 secondary individuals
- The food basket comprised of rice, beans, and corn-soya blend (CSB)
- Household size of 1 to 4 received 12.5kg maize meal, 4.16 kg beans, and 8.33kg CSB
- Households of greater than 5 received a double portion of the households of 1-4

## Food

352 OVC households were supported with food benefiting 1,791 secondary individuals. 146 (8.5%) were taking ART (14 of these were both on ART and anti-TB medication).



*Food Distribution activities 2015*

## Shelter

One grandmother-led and two child headed households were supported to get shelter. Reach Out Mbuya (ROM) started supporting Richard, Isaac and Miriam right after the death of their mother who was a client at ROM. The mother started treatment in 2005 and died in June the same year. Just before their mother's death, the children were brought to ROM to test for HIV and unfortunately, Richard and Miriam tested HIV positive and were immediately enrolled into care. Having lost their father in 2004 they were left as total orphans.

Their father had died in 2004, before the death of their mother and they were left as total orphans. Their maternal aunt accepted to support them but withdrew after sometime leaving the children desolate. Psychosocial support: 1,766 OVC were reached through the different peer-led psychosocial interventions.



*My name is Namara Richard Riton, aged 20 years and I recently completed high school. I am a living testimony of what Reach Out Mbuya has done in our lives since childhood. Whenever I am asked to share my story, it is hard to hold my tears back.*



*Reach Out met me, my sister Miriam and my brother Isaac when we were homeless, hopeless and hungry. Reach Out held our hands and gave us hope. It was a difficult moment for us. ROM took us back to school, paid our school fees, paid our house rent and provided us with meals both at school and at home. Reach Out has been meeting our house rent since 2005 to date.*



*an organization called MMI and we are grateful for those who sacrificed and offered us food, fees and shelter.*

*In 2015, I completed senior six but did not perform well enough to join university. Currently, I am learning shoe making at the ROM Banda site. My brother Isaac also completed Senior four and is currently training in the Barclays-supported motor vehicle mechanics. My Sister Miriam has registered for the catering course at ROM which started in May 2016. In the meantime, she washes people's clothes in the neighborhood for a small income. I convey our gratitude to everyone who has supported us. May God reward you; We are because of you!*

## Psychosocial support

1,766 OVC were reached through the different peer-led psychosocial interventions.

### *Exploring talents club: Trainings and performances*



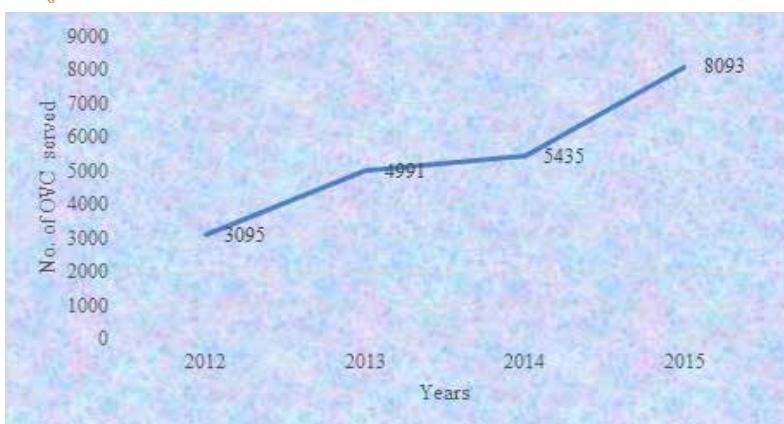
*Annual sports gala*

*Prayer day for candidates*

**Table 16. OVC receiving education support per donor by end of December 2015**

Donors	Primary Level			Secondary level			Tertiary/vocational level			Total	%
	Male	Female	Total	Male	Female	Total	Male	Female	Total		
CDC	614	638	1,252	273	261	534	51	54	105	1,891	86.0%
ROSE	40	56	96	34	28	62	0	0	0	158	7.2%
SID'ECOLE	23	37	60	0	0	0	0	0	0	60	2.7%
*Other Donors	10	21	31	0	2	2	2	4	6	39	1.8%
Stephen Lewis Foundation	10	25	35	0	0	0	0	0	0	35	1.6%
Barclays	0	0	0	0	0	0	6	0	6	6	0.3%
Church Donation Boxes	5	6	11	0	0	0	0	0	0	11	0.5%

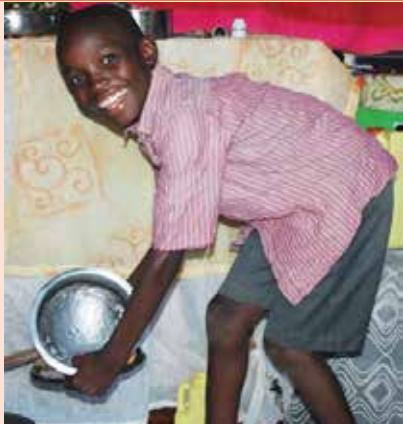
\* Other donors; Centenary bank, First Lady, Quality supermarket, Housing Finance Bank, UIICT Rotaract club, Mercedes Benz Fiona & Nobert, Amiot Mandre.



**Figure18. OVC served over the years**

## SidEcole Educational Support

SidEcole provided education support for 60 children. The support included school fees, scholastic materials, nutritional support, and psychosocial interventions; 322 individuals benefitted from the food support.



**Cate** is a 16 year old paternal orphan, abandoned by the mother and lives with her grandmother. Cate's grandmother is one of the first clients enrolled on treatment by Reach Out Mbuya in 2001. Back then, she lived in a muddy house without windows covered with polythene bags. When ROM did a household assessment, the finding revealed that this family was critically vulnerable and needed immediate support in terms of school fees, food and the shelter which was almost collapsing. Subsequently, Cate was enrolled into the ROM school fees program with support from SidEcole.

During one of the donor's visit to this family, the donor supported the family to put up a permanent structure. The family also receives food on a termly basis which enables the family to have two meals a day. Although Cate's grades are not very good, keeping her in school is very important because this keeps her away from the risky environment and it enables her to acquire knowledge and skills for a better life. Cate who is currently in Primary seven will be completing her Primary school and thereafter ROM hopes to support her with hands on skills. The social workers at ROM are working tirelessly to prepare Cate for the next step in her life because being an adolescent, she is prone to temptations that may have far reaching consequences.

Cate who had dropped out of school and was collecting used water bottles for a living, is now a full time pupil. Cate's grandmother is also a VSLA member. She says she is forever indebted to SidEcole for her kindness, putting a roof over her head, feeding her family and keeping her granddaughter in school.



## Reach Out Student Education Fund

The Reach Out Student Education (ROSE) fund in California supported 151 children (84 females; 96 in primary level and 55 in secondary) with education. The support included school fees, scholastic material, and psychosocial interventions.

**Enoch** lives with his step-mother, half-sister and brother. He lost his father to HIV/AIDS in 2013 and his mother's whereabouts are unknown. Below is his story:

*My name is Enoch. I am 15 years old and in primary six at Kiswa primary school. I live with my stepmother in Nakawa community. Before that I used to stay with my maternal uncle but he was sent to prison mid 2015 and I stayed with my stepmother.*

*Despite being HIV positive, I live a normal life, go to school every day, eat and have where to sleep. I greatly appreciate my step-mother who through her little income from selling sweets and charcoal provides me with basic needs. She has given me a home that I need and May God never stop blessing her! However, this is not the life I lived before. Even before my father died, I had dropped out of school because he was only supporting my elder brothers and sisters. I thank Reach Out who together with my sponsor from America, ROSE are giving me the keys to a brighter future. Many times people think that when someone is HIV positive, they deserve to die because they have no future. But my step*



*mother and the staff at ROM believed in me and now I am a testimony. When people have hopes in you, you cannot let them down. I am studying hard to become a doctor so that I can treat sick people and support my step-mother. Thank you ROSE, Reach Out and mummy for filling in the gap that my parents left behind. I love you all.*



*I am an HIV positive child aged 9 years old. I go to school at St. Matia Mulumba Primary School and receive treatment from ROM. We live in Acholi quarters, a slum area within Mbuya parish. My family's main source of income is stone crushing. With the support from ROSE, my school fees was paid and I received scholastic materials including books, pens, pencils and school uniforms. I am passionate about my school and I am very grateful to all that have contributed.*

## GRANDMOTHERS' SUPPORT PROJECT

ROM continued to implement the grandmothers' project at Kasaala, Luwero district whose goal is to improve the wellbeing of grandmothers and their households, majority of which have been affected by HIV. The project provided; health care, promotion of good sanitation, economic improvement and vocational training for OVC.

Health care to 1263 grandmothers: Grandmother Clinics were run weekly at the Kasaala health facility where the grandmothers received free medical care. Hypertension, gastritis and peripheral neuropathy were the main causes of morbidity. HIV testing and counselling was integrated; 72 grandmothers were tested and none had an HIV positive result. 135 grandmothers were screened for cervical cancer (CaCx) using Visual Inspection with Acetic acid (VIA) and two grandmothers with a positive test were referred to Mulago Hospital for further investigations and management and none was confirmed with Cancer. 50 grandmothers ( $> 70$  years of age) were reached through outreaches and 273 grandmothers received mosquito nets.



### Promotion of good sanitation practices among grandmothers and their household members:

Grandmothers face a challenge of either lack of latrines or they have latrines that are not user-friendly. Six user-friendly pit latrines were constructed but the need is still enormous. 150 grandmothers' households also received water vessels and water guard after being trained on their use.



## sanitation practices continued



## Economic empowerment programs for grandmothers:

Thirty one (31) grandmothers together with their grandchildren were trained in income generating activities (IGAs). The trainings were to empower them to engage in IGAs so as to better support their households. The IGAs included pig and goat rearing. Seventeen (17) grandmothers received goats while 14 received 2 piglets each and 100 Grandmothers received the Orange fleshed sweet potato (OFSP) vines. Eleven grandmother VSLA groups were formed with 300 grandmothers and 36 grandfathers were active by the end of December.



## Vocational training for OVC:

During this period, 15 OVC living with grandmothers were newly enrolled in vocational training making a total of 45 children active in the program. Courses included: tailoring, hairdressing, nursery teaching, early childhood education, catering, motor vehicle mechanics, building and construction and welding



*Grandchildren for welding, and hair dressing respectively during apprenticeship and school*

## Grandmothers' get-together and National Grandmothers' Gathering

This year, the Grandmothers' get-together was joined by the Canadian grandmothers who had attended the first ever National Grandmothers' Gathering that took place on October 5th-7th 2015 in Entebbe. ROM was represented by 50 grandmothers from Kasaala, Luweero.



## Barclays Bank supported entrepreneurship skills training project

Barclays Bank continued to support ROM in the training of vulnerable women, youth and OVC with entrepreneurship skills. Training was conducted in tailoring, knitting, beading, weaving, and an integration of adult and computer literacy.

162 OVC, youth and women (26 were HIV positive) attended and completed the training. A baseline assessment of the trainees had showed that 98/162 (60.5%) had dropped out in primary level and 33/162 (20.3%) had never received any formal education. The training was able to improve their skills and they can now earn a living from their work. After the training, 8 were placed at the ROM workshops and 15 were placed at Christex garments.



*The trainings*



*The graduates assemble*



*Fashion show off products made by the graduates*



*The graduates receive certificates*



*The best student awarded by the Corporate Affairs Manager - Barclays bank*

# Monitoring and Evaluation department

*The department plays a vital role in supporting routine tracking and periodic assessment of ROM activities.*

## Performance reviews

During the year, ROM conducted quarterly and annual performance review meetings where performance updates were disseminated and discussed in comparison to set targets. Challenges, experiences, lessons learnt and ways forward were mapped and action plans developed.

## Monitoring and support supervisions

Forty-four (44) monitoring visits were conducted by the M&E team to ensure data collected and reported by the departments were accurate. 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.

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

## Quality improvement (QI)

The QI activities were geared towards clinical programs with emphasis on revitalizing Quality Improvement teams at ROM, conducting

adherence assessments, death audits and case presentation to staff. With support from TRACK TB and USAID ASSIST Project, the QI section worked on improving the quality of the TB/HIV services in the organization.

## HCT QI Interventions and Results

To improve linkage into care for individuals testing HIV positive, the staff were supported to identify the gaps in linkage of patients into care which was at 65.5% in the first quarter of the year. On analysis, the probable causes included: enrolling those who tested HIV positive after residence confirmation by the CHW, clients outside catchment area were not being enrolled, many clients testing positive at the PPP sites were not being enrolled and there was poor documentation of linkage at testing points. ROM reviewed the enrollment procedure of clients after testing positive, opened up the catchment area and a community team leader was allocated the follow up of patients outside catchment area through phone calls; enrollment of patients at the wellness centers was ensured by the accompanying of those testing positive to ensure they are enrolled. These interventions resulted into an average increase of linkage into care from 65.5% to 88.5%.

## Research

Despite being in infancy stage, The Research Section was involved in the dissemination of ROM's best practices at National and International conferences/meetings. Nine conference papers were presented with eight oral and one poster presentation.

## LIST OF ABSTRACT PRESENTED IN 2015

Title	Presented By	Conference
Facilitators and Barriers to Linkage to HIV Care among Female Sex Workers Receiving HIV Testing Services at a Community-based Organization in Peri-urban Uganda: a Qualitative Study	<b>Dr. Betty Nsangi Kintu</b> , Sharon Nakanwagi, Frank Kaharuza, Joseph KB Matovu, Dorean Nabukalu and Rhoda K. Wanyenze	2nd African Conference on Key Populations in the HIV Epidemic in Dar es salaam, Tanzania
A Comprehensive Care Approach to key populations at Reach Out Mbuya Parish HIV/AIDS Initiative.	<b>Agnes Nakanwagi</b> , Joseph Kalibbala, Alex Mugenyi, Pamella Sunday, Dr. Betty Nsangi Kintu	2nd African Conference on Key Populations in the HIV Epidemic in Dar es salaam, Tanzania
A Comprehensive Care approach to Most At Risk Population at Reach Out Mbuya Parish HIV/AIDS Initiative.	<b>Alex Mugenyi</b> , Agnes Nakanwagi, Pamella Sunday, Joseph Kalibbala, Dr. Betty Nsangi Kintu	Uganda Society for Health Scientists Conference at Hotel Africana
Comprehensive Community-based approach and how it has improved treatment, adherence and retention of HIV/AIDS clients in care. A Reach Out Mbuya (ROM) Experience.	<b>Joseph Kalibbala</b> , Agnes Nakanwagi, Pamella Sunday, Betty Nsangi Kintu	Uganda Society for Health Scientists Conference at Hotel Africana
Increased access to youth friendly services by Adolescents through community outreaches, mobile school clinics and ROM facilities: A Reach Out Mbuya Experience. (Poster Presentation)	<b>Ofwono Oundo</b> , Alex Mugenyi, Rebecca Nantondo, Joseph Kalibbala, Dr. Betty Nsangi Kintu	Uganda Society for Health Scientists Conference at Hotel Africana
HIV prevention among the MARPs through Village Savings and Loans Association (VSLA): Reach Out Experience	<b>Alex Mugenyi</b> , Agnes Nakanwagi, Pamella Sunday, Joseph Kalibbala, Dr. Betty Nsangi Kintu	Central Region HIV/AIDS Scientific conference by Uganda AIDS Commission at Colline Hotel
Facilitators and Barriers to Linkage to HIV Care among Female Sex Workers Receiving HIV Testing Services at a Community-based Organization in Peri-urban Uganda: a Qualitative Study	<b>Sharon Nakanwagi</b> , Betty N Kintu, Frank Kaharuza, Joseph KB Matovu, Dorean Nabukalu and Rhoda K. Wanyenze	Central Region HIV/AIDS Scientific conference by Uganda AIDS Commission at Colline Hotel
Adolescent and Youth friendly services through Mobile Schools' Clinic. Reach Out Mbuya Experience.	<b>Ofwono Oundo</b> , Alex Mugenyi, Rebecca Nantondo, Joseph Kalibbala, Dr. Betty Nsangi Kintu	Adolescent Health Conference by the Ministry of Health Uganda at Fairway Hotel
Caregivers Knowledge Attitude and Practices on Prevention of Diarrhoea in Namuwongo	<b>Joseph Kalibbala</b>	International Conference in Community Health Nursing Research, Seoul, South Korea

# Media Publications 2015

In 2015, ROM had 23 media appearances including both electronic and print media.

**Top Left:** *Bukidde* (March 20, 2015) - Headline: 'Abayizi temwemalira mu kusoma mulimu gumi gwokka'. Article about a graduation ceremony at ROM's Vision Center.

**Top Right:** *AMAWULIRE* (March 28-April 3, 2015) - Headline: 'Omubaka wa Paapa agumizza aba siriimu'. Article about Michael Kachule receiving a plaque from the Bank of Uganda.

**Middle Left:** *Daily Monitor* (May 4, 2015) - Headline: 'Business pictorial'. Article about Michael Kachule visiting the Ministry of Finance.

**Middle Right:** *AMAWULIRE* (May 11, 2015) - Headline: 'Omubaka wa Paapa agumizza aba siriimu'. Article about Michael Kachule receiving a plaque from the Bank of Uganda.

**Bottom:** *Daily Monitor* (December 10, 2015) - Headline: 'Grandmothers demand govt social support'. Article about Grandmothers Against Poverty protest.



# Governance, Management and staffing

Governance oversight of Reach Out Mbuya was provided by 11 members of the Board of Directors (BOD). The executive director with support of the senior management team oversee the day to day running of the program activities in the Medical, Finance & Administration, Community and Social Support, Monitoring & Evaluation departments.

## Human Resources Department

ROM recruited 24 staff totaling to 164 (61% female) by end of December 2015; 51 of whom were support staff. HIV clients' involvement stood at 35%. MildMay Uganda continued to support the human resources at St. Mary's Health Centre Kasaala, Luwero with two nurses. Twenty-six staff exited during the year (14.6%) compared to 39 in 2014 (23.4% in 2014 and 26.2% in 2013). Fifteen staff exited through resignations, five contract non-renewals, one abscondment, one dismissal, one retirement and three terminations. The exits were mainly in Medical department with major exits including the Director of Medical Services.

## Staff promotions



### Dr. Joseph Lwembawo

started out with Reach Out Mbuya as a Medical officer. He later became the Quality Improvement Officer and in 2015, he was promoted to In-charge of St. Mary's Health Center, Kasaala.



### Joseph Ssali

was a beneficiary of the OVC program at ROM. He received education support from secondary school until he graduated at Kyambogo University. He began at ROM as a volunteer, worked as an OVC assistant and later was appointed as the Community Program Supervisor at Kasaala. Ssali is giving back to the community.



### Dr. Felicity Petua Nahataba

worked with ROM since 2009 as a Medical Officer. She was later promoted to the position of Medical Coordinator. She exited in 2014 to pursue a Masters in Public Health at the London School of Tropical Medicine and Hygiene. She returned in December 2015 and competed favorably to head the Medical Department.

## Students and volunteers:

During the year, a total of 29 national and four international interns were hosted at ROM. They were from various Universities including Makerere University, Uganda Christian University Mukono, Kyambogo University, and St. Jerome University in Canada among others. In addition, 77 volunteers supported ROM in the different departments.

## Staff training and development

ROM collaborated with MoH to provide training and continuing medical education to the staff. Major trainings included comprehensive HIV/AIDS care management and TB/HIV Co-management. In addition, 47 Continuous Medical Education (CMEs)/Continuous Professional Development (CPD) were conducted. Cumulatively, 560.5 hours (equivalent to 71 days) of staff time were spent on capacity building. Two counselors were placed at Hospice Uganda to get experience on palliative care and two counselors were placed at the alcohol and substance abuse unit at Butakiba hospital to support ROM's work with the people who inject and use drugs.



*Comprehensive HIV/AIDS Care Management training at ROM Offices*

*Customer care training for ROM staff*



*CATTS Refresher training at ROM offices*

## Other staff events



*General staff meeting – April 2015*



*Archetti Memorial Cup – January 2015*



*Staff team building – July 2015*

# Finances

Table 18: Income & Expenditure Statement Jan- December 2015

<b>Income</b>		Audited 2,015	Audited 2,014
		Ushs	Ushs
<b>Income for Reach Out</b>		12,993,400	3,963,918
<b>CDC</b>		4,533,287,290	3,748,600,000
<b>Stephen Lewis Foundation</b>		551,883,204	152,466,835
<b>Medical Mission International</b>		98,001,000	203,454,700
<b>Barclays Bank Uganda</b>		177,688,500	224,097,648
<b>Sidecole</b>		106,554,000	126,800,000
<b>Rose</b>		62,350,000	64,413,000
<b>Kampala City Council</b>		5,309,606	7,094,370
<b>Medical Access Uganda limited</b>		2,122,748,721	2,327,689,105
<b>Other donors income recognition</b>		4,442,382	105,950,455
<b>Operation School Fees Income</b>		6,005,940	7,226,920
<b>MDD &amp; band presentation</b>		10,450,000	11,357,500
<b>Roses of Mbuya Sales</b>		422,253,303	448,286,652
<b>Reach Out items Sales</b>		7,712,099	11,536,283
<b>Toolkits income</b>		7,674,600	2,454,200
<b>Ribbon Sales</b>		273,000	423,000
<b>Rental income</b>		48,635,000	27,577,300
<b>Bank interest</b>		134,130,312	122,668,701
<b>Placement &amp; Reach Out products</b>		19,032,456	8,421,250
<b>Other income</b>		12,110,993	-
<b>Total Income</b>		<u>8,343,535,807</u>	<u>7,604,481,837</u>
<b>Expenditure</b>		<b>2,015</b>	<b>2,014</b>
		Ushs	Ushs
<b>Salaries</b>		1,559,013,684	1,523,031,245
<b>Fringe Benefits</b>		180,894,982	170,115,388
<b>Consultancy</b>		33,185,809	46,055,371
<b>Equipment</b>		32,060,053	54,113,305
<b>Supplies</b>		3,507,613,482	3,408,433,814
<b>Travel</b>		68,678,211	54,821,400
<b>Others</b>		2,527,922,261	1,663,820,538
<b>Total Expenditure</b>		<u>7,909,368,482</u>	<u>6,920,391,061</u>
<b>Surplus for the Period</b>		<b>434,167,325</b>	<b>684,090,776</b>

## Appendices

### Senior Management Team 2015



**Dr. Betty Nsangi Kintu**  
*Executive Director*



**Mr. James Lubowa**  
*Director Finance  
and Administration*



**Ms. Harriet Katusabe**  
*Human Resources and  
Administration Manager*



**Dr. Felicity Nahataba**  
*Director Medical Services*



**Ms. Sunday Pamella**  
*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*



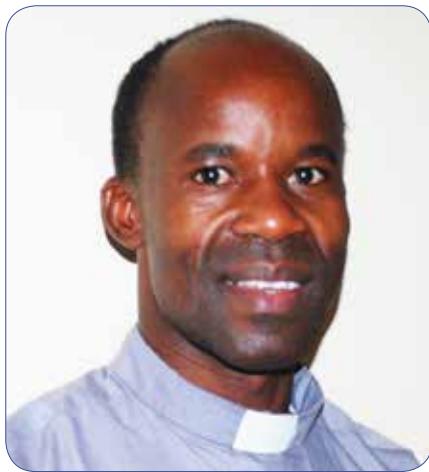
**Ms. Donna Kusemererwa**  
*Director*



**Ms. Flavia Nambusi**  
*Director*



**Ms. Regina Bakitte**  
*Director*



**Fr. John Bosco Nambasi**  
*Director*



**Dr. Patrick Ogwok**  
*Director*



**Ms. Esther Odek**  
*Director*



# REACH OUT MBUYA TALENTS CLUB



*The best Children's MDD group in Town*

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