

ANNUAL REPORT 2002

REACH OUT – MBUYA PARISH HIV/AIDS INITIATIVE



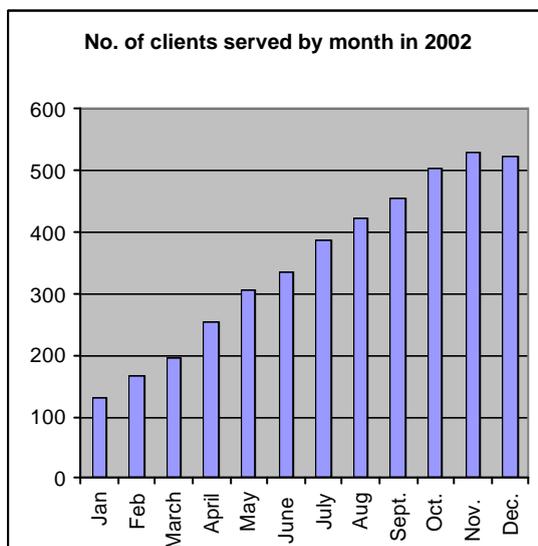
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At the end of 2001, **Reach Out – Mbuya Parish HIV/AIDS Initiative** was getting ready to open a clinic to serve the 109 clients we had at the time, since it was not possible for the six volunteers involved in the programme to continue operating and expanding on a home visit basis only.

The Reach Out clinic was opened at Our Lady of Africa, Mbuya Parish in January 2002 with the help of an additional twelve volunteers from the parish. None of us had expected that 12 months later we would have 525 active clients in our programme and around 65 people involved in running the many activities taking place at Reach Out – Mbuya Parish.



During 2002 we increased from 109 clients at the beginning of January to 525 by the end of December. Each month has seen a steady increase except for December, where we actually had a decrease of 5 active clients. This is probably due to the fact that in one part of the slums in which we are working, people were forced to vacate for new construction and thus left the parish. Moreover, HIV/AIDS testing was interrupted for most of December as testing kits were not available from the health centre where our clients are tested.

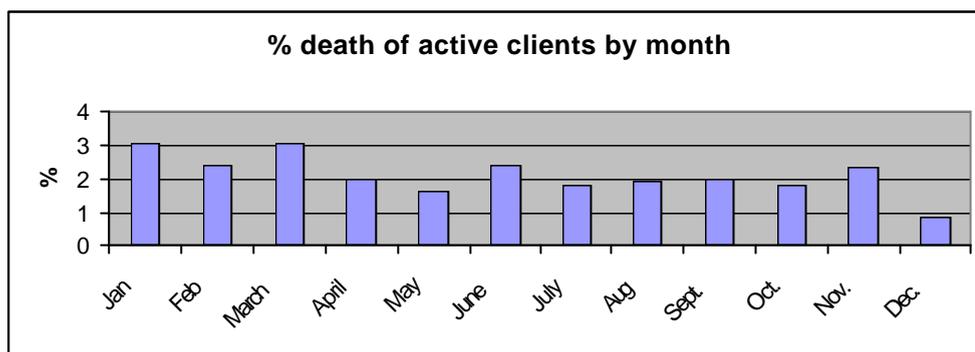
The clients we serve

- 72% of our clients are women. During the year we have seen a slight but steady increase in the percentage of men; from 22% in the first quarter to 28% in the last.
- 55 % of the women enrolled are widows.
- 69% of our clients are 26-40 years old. This is the important age group who provide for the younger and older generation.
- 38% of our clients are under 31 years old. We find this figure quite alarming as it indicates that the spread of the HIV/AIDS virus is still very serious in the younger age groups.
- 34% of active clients are under treatment for Tuberculosis. Of these 38% are men (compared with men being 28% of the client population).
- 60-65% of clients coming for voluntary HIV/AIDS testing to Reach Out are HIV/AIDS positive. This figure has not changed throughout the year and it clearly implies that we are still dealing with the tip of the iceberg.
- 17% have not attended school. 66% have Primary 7 or less education.

Medical Programme

The Reach Out Clinic is open three days per week; two days at Mbuya Church and one day at Banda Catholic Church. An average of 175 clients are seen weekly and around 25 people come for pre-test counselling. On a weekly basis the medical team attend to 18-20 clients on home visits. Clients admitted to Mulago (Central Government Hospital) are visited by a doctor/nurse twice weekly. On an average each client is seen by a doctor/nurse approximately twice a month. We find that this close follow up is essential for ensuring the best possible medical support. Also the clients seem very content to come for appointments and benefit from frequent check-ups.

While we have welcomed an average of 35 additional clients per month we have had to say farewell to 81 clients who have died in 2002. Of these, 16 were clients enrolled with Reach Out in 2001.



We are pleased though that overall the mortality among our clients is low – and falling from over 3% per month at the beginning of the year to less than 1% by Dec. This decline needs more detailed research, but one cause may be that we have relatively less clients who come very, very late. Another reason may be improved diagnosis and follow-up of TB clients. This particular group is however very fragile and at high risk. As you will note from the above graph, we had an increase in deaths in November. It was a very cold and rainy month and our clients in general have poor housing. We lost 12 clients – 11 of whom were being treated for TB.



- 10% of all deaths were in the first 2 weeks of contact with Reach Out
- 59% of all deaths were in the first 3 months of contact with Reach Out
- 58% of all clients who died were under treatment for TB
- 33% of deaths were men, 5% higher than in the total client population. However, when looking at deaths within the first month of contact, men account for 50% of deaths, indicating that men tend to seek medical help very late.

The graph above clearly shows the importance of early testing and contact with a service such as Reach Out.



- 70 % of clients who died were between 25 and 39 years old.
- 28 % were under 30 years old.
- The 80 clients who died left a total of 209 orphans (not including other orphans that they may have been taking care of).

The above figures tell the sad story all too clearly; it is the young adults, the breadwinners who are affected. Their disease and too early death have serious implications for the whole family.

TB TREATMENT SUPPORT PROGRAMME

Since the beginning of Reach Out in May 2001 it has been clear that the co-infection of HIV/AIDS and Tuberculosis is a serious one, that TB is widely under-diagnosed, and that TB is the main opportunistic infection causing death in a poor population living with HIV/AIDS, such as the one we serve in Mbuya Parish. In 2002, 58% of all clients who died were being treated for TB. This does not include clients who died within the first two weeks of contact with Reach Out before testing and enrolment in the TB programme could take place.

In the beginning of the year we had difficulty finding a reliable and affordable testing and diagnosing facility, but succeeded in the second quarter of 2002 to work with an excellent private laboratory technician. An intense screening programme for all clients was initiated and we established good collaboration with a government health facility which provides free TB drugs.

TB medication has to be taken daily for 8 months and it is often difficult for people to adhere to. Defaulting from the treatment is dangerous for the person him/herself, as drug resistant strains develop. Most importantly, it is a very serious public health hazard as these strains easily spread to people living close to the TB patients.

During the last quarter of 2002 special emphasis has been given to an active TB follow-up programme. Reach Out now has a co-worker who has received training as *TB Coordinator* and has been assigned to this function full-time. A *TB register*, established since September 1st lists all the identified TB cases since January 2002. This register includes the same information as the government TB register and thus allows us to cross-check when clients do not return to Reach Out for follow-up.

Training of Community TB Supporters

To further increase the daily support of clients on TB drugs, a team of 14 TB treatment supporters, all HIV positive clients who have successfully completed treatment or are doing well on TB treatment, have been identified and trained to support new clients with their treatment regime or assist those identified by Reach Out staff as probable problem cases.

The work of the treatment supporter amongst our HIV+ clients is rewarding and instils self-esteem and confidence in the persons chosen for this important task. One lady who was identified as a good role model became very ill during the training period and when visiting the clinic doctor, said ‘I cannot die now, I have important work to do. I was chosen to help other clients with TB follow their

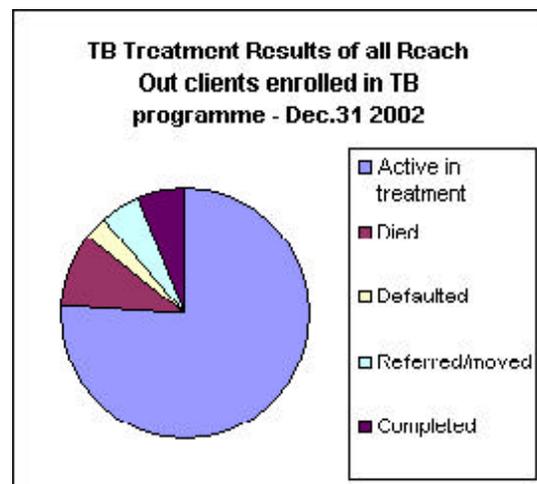
treatment and I cannot let them down". She improved rapidly herself and is now out there supporting her fellow HIV - TB clients – and needless to say doing it very well.

Results

Since the beginning of Reach Out in May 2001, a total of 247 TB clients have been registered. Out of these, 187 are active treatment cases (36% of all clients, Dec.2002), 24 deceased, 8 defaulted from treatment, 13 have been referred to other centres or have returned to the village, and 15 have successfully completed their therapy. There are 43 clients (23 %) who are re-treatment cases, that is having been treated for TB in the past.

Much emphasis is going to be put on further improving our diagnosis, treatment, and follow up of TB during the coming year. Not only is TB the most important cause of death among poor HIV/AIDS clients, but the infra-structure required to conduct an efficient TB programme is very similar to what is needed for Anti Retroviral Drug Therapy. We therefore see our efforts within TB as an important and needed preparation for future introduction of ARVs once they are free or can be provided for a very low cost.

HIV/TB co-infection		
Active in treatment	187	75.7%
Died	24	9.7%
Defaulted	8	3.2%
Referred/moved	13	5.3%
Completed	15	6.1%
Total	247	



YOGA

Yoga instruction classes are continuing on Monday clinic day in Mbuya and on Fridays in Banda. This programme is very popular, and many of our clients attend the yoga sessions on a weekly basis whether they have appointments in the clinic or not. During the first quarter of 2003, a group of volunteers and clients will be getting trained as yoga instructors by our yoga teacher.

On the Monday clinic days we have a nutritious meal cooked by clients and served for an average of 100 clients.

FOOD SUPPORT PROGRAMME

Food distribution from the World Food Programme through AVSI (Italian Voluntary Organisation) started at Reach Out – Mbuya on 4th June 2002 after 4 months of processing. Through this programme, maize, corn/soya blend, beans and oil is regularly distributed to people living with HIV/AIDS. As we have far more clients than spots available for food support, Reach Out gives priority to our HIV/AIDS clients who also have Tuberculosis.

The number of Primary Beneficiaries (PB) at the beginning was 94 clients. However, considering our clients dire need for food, the number receiving WFP support was increased to 203 by December 2002. We have twice as many on the waiting/emergency list. WFP and AVSI are very aware of the need for additional food, and it is expected that the number of clients receiving food support from WFP through AVSI will increase to around 300 by the end of March 2003.

In addition to the regular food distribution, Reach Out has been given food not collected by other programmes from WFP through AVSI. This food has been a great help to many very poor clients, who are new or on the waiting list for regular food and who are desperate for food assistance. Moreover, Reach Out Emergency Food procurement is made on a monthly basis according to funds available for our programme. When purchased, this food, mainly posho and beans, is given out in small portions of 5-6 kilos to the clients on the doctor's or nurse's recommendation. About 15-20 clients benefit from this procurement monthly.

Overall, the food support programme has been of outstanding importance for Reach Out. Many of our clients survive on one meal per day, which is totally inadequate to regain health even if appropriate medication is provided. In many families the food donation has made it possible to save for other uncovered basic expenses such as clothes, school fees or rent. Moreover, the possibility of getting food support is without a doubt an added incentive for seeking testing for HIV/AIDS through Reach Out and thus benefit from early diagnosis and treatment of opportunistic infections and counselling.

Social Support Programme

BREAD OF LIFE

Bread of Life is an income-generating programme under Reach Out - Mbuya Parish HIV/AIDS Initiative. It focuses on improving the social welfare of the client through their involvement in small scale business. Support is given as small interest free loans (up to UgSh 100,000 = US\$ 55) or as grants (up to UgSh 30,000 = US\$ 17) for socially destitute clients, or as material support, mainly clothes and blankets.

Funds for this activity are raised by the sale of used donated goods. The sales are conducted on a monthly basis on Sundays at Mbuya Parish church, where around 2000 parishioners come on any given Sunday. Sales are conducted by clients of Reach Out. On an average, UgSh 500,000 = \$275 is raised per month. Loans and grants can be applied for by clients and are granted following detailed criteria. Loan takers are monitored bi-weekly by programme volunteers: the progress of the business is assessed, advice given where needed and beneficiaries are reminded of loan payment dates.

This programme was initiated in the second quarter of 2002, but really took off in August 2002 when a very committed trained social worker joined Reach Out and was put in charge of this activity.

During this year a total of 35 clients benefited from loans and 34 from grants. Six clients were given clothes to sell to raise funds for other business. The repayment rate of the loans is very high and prompt.

Many clients are very interested in this programme activity and we have now around 100 client applications pending. As the re-payment of loans will revolve into the funds available for new loan takers and sales are continuing, an ever increasing number of clients should be able to receive loans/grants during the next year.

ROSES OF MBUYA

The Roses of Mbuya Sewing Workshop was started on 30th Sept, 2002 with the aim of improving client income and increasing their possibilities of social interactions with peers. The project employs 12 clients, 11 as tailors and a supervisor/trainer. A workshop coordinator and a group of volunteers from Denmark, Italy and Sierra Leone manage the workshop. Sewing machines were donated – 3 from the International Women's Organization and 9 from private individuals.

The project produces a variety of items including; children's wear, men's shirts, ladies wear, hair bands, bottle covers, table clothes and napkins. The items are sold at the Sewing Workshop at the Mbuya clinic (weekdays), at Mbuya church (on Sundays), and at bazaars at Kabira International School, Rainbow International School, USAID offices, and Lincoln International School. By the end of December sales amounted to 4,627,000 UgSh shillings (= US\$ 2,528), and a very small stock was left.

Since the start of sales on 17th Nov 2002, the project has been able to meet all the costs of running the workshop except for the stipend of the workshop supervisor. The costs covered include salary for the tailors and trainer, materials, administrative costs, sales costs and other operational costs.

The health of the clients employed has improved. The clients are happy, relaxed and committed to their work.

The project has done a lot of publicity, which has helped expand the market and attract partners. In December 2002, Roses of Mbuya signed a 4-month contract with Mango Tree Educational Enterprises to produce educational materials. Starting January 2003 seven additional clients will be employed for 4 months to participate in this particular project.

Additional equipment and working area is needed for the project to employ more clients on a permanent basis and high priority will be given to this in 2003.

OPERATION SCHOOL FEES

We began collecting funds for Operation School Fees (OSF) in the later part of 2001 and the first students supported by OSF entered school in February 2002. 63 students completed a year of their primary education at Mbuya, Kyambogo and Focolare schools in 2002. In addition to supporting students with a uniform, basic school supplies and a hot meal each day, OSF supplied the funding for one school to construct 17 desks for students and another to develop a vocational sewing project for P3-7 girls.

While the number of students funded by OSF in 2002 was relatively small, our focus was on establishing a solid program and a small, but reliable funding base. The majority of our 2002 donors demonstrated their approval of our program by supporting students for a second year. We have been able to collect enough funds for all 63 students to continue their education in 2003 and our funding base is growing all the time. Our donors now include not just private individuals and local businesses, but the number of donations we are receiving from abroad is increasing.

The small number of students funded by OSF does not come close to meeting the needs of our clients. Most of our clients' children are either not in school or the clients are paying for their children to be in school at the expense of paying for more immediate needs such as food and housing.

AVSI has agreed to assume the funding for 63 children currently enrolled in our program. The process of enrolment will take some time, but by late 2003 we expect to have most of the 63 children enrolled with AVSI, which will allow us to enrol more new children in OSF. We also expect our funding base to grow in 2003 as more and more people come to hear of our program. We've set a target of increasing our enrolment to 150 in 2003 and are actively searching for new volunteers to help us raise funds and enrol children in school.

Training and Health Education

Since Reach Out welcomes people from a wide variety of backgrounds, training in specific skills is given very high priority. On a daily basis, apprentice training is widely used as well as specific courses in home-based care, counselling and social support. Training days have also been conducted for the workers in specific units of Reach Out throughout the year. These includes courses for nurses, sales people in Bread of Life and Roses of Mbuya etc.

In the last five months the following training involving external groups and organizations has taken place:

- A training day in HIV/AIDS with special emphasis on the HIV/AIDS and youth was given to the teachers' college at *St. Kizito School*.
- A Home Based Care Course was conducted in collaboration with Kampala City Council with participation of local health facilities, including *Kiswa Health Centre*. Following this course, 20 clients have been trained as home care supporters. They work in the neighbourhood they live in and are becoming a very important support group for weak fellow clients as well as for counselling people who have not yet been tested.
- Reach Out has collaborated with *MOH/WHO* in the development of a training pamphlet for home based palliative care.
- A training of trainers workshop was conducted in collaboration with *Olympic Aid*, who use sports and games as a tool for delivering health education messages. In early 2003 we are planning to start introducing this approach to health education in schools in Mbuya and surrounding communities.

RESEARCH

- A study "Understanding gender differences in participation at an urban HIV care and support programme" was carried out by one of the Reach Out nurses and was presented at the National HIV/AIDS Conference in October.
- Five presentations were submitted and presented from Reach Out for the National HIV/AIDS Conference held in Kampala in October. Four of the presentations were oral, one poster presentation. All were given by Ugandan volunteers working with Reach Out.
- A research study in collaboration with the University of California, San Francisco, on the itchy skin rash of HIV/AIDS clients is under preparation and is expected to be carried out in mid 2002.
- Reach Out applied for and was granted a fellow from the Institute of Public Health/Centre for Disease Control for a two-year period. The fellow, who is a female Ugandan MD with MPH is expected to start in January 2003.

Administration

Human Resources

At the beginning of the year Reach Out had 18 volunteers involved in our activities. Since then client number, activities and thankfully also people involved have increased rapidly.

At our Christmas party for volunteers, 65 people attended. The vast majority are from the Parish and many are young people. Altogether we were from 12 different nationalities and the five big religions of the world were all represented.

Focal point for all activities in the community are our Central Volunteers, each of them living in one of the five neighbourhoods of Mbuya Parish: Kinawataka, Giza-Giza, Nakawa, Banda and Banda One (Acholi Quarters). They are assisted by trained TB supporters (14) and Home Based Care givers (10), who are all also clients of Reach Out.

Medical Programme

3 doctors (1 full time, 2 part time), 1 Nurse Counsellor (full time), 4 part time nurses, 1 part time counsellor, 1 receptionist, 1 teacher, 1 yoga instructor, 8 part time young volunteers doing translation and assisting in the general running of the clinic, 1 TB coordinator, 1 WFP Coordinator

Social Support Programme:

1 social worker, 1 clinical psychologist, 1 anthropologist, 2 sewing instructors, 1 business woman, 3 young volunteers, 2 part time craft work instructors, 4 young volunteers from the Parish, 1 senior volunteer, 2 fundraising coordinators (OSF)

Administration:

1 book keeper/administrator, 1 MBA advisor

In addition to these, 10-15 volunteers come on a less regular basis for a specific task or when an extra hand is needed.

The majority of these people are working as volunteers with a small stipend to cover transport and food expenses

Finances

The overall operational cost for Reach Out medical programme in 2002 was Sh.46,3 million (US\$ 25,300) or Sh.10,900/client/month (\$6/client/month). This very low cost is mainly due to the extended amount of volunteer manpower time given to Reach Out by all participating in our activities. The time and energy donated by volunteers is the greatest asset of Reach Out and comprises the largest financial contribution to the programme.

The Danish Embassy provided us with UgSh 16.5 million (\$9000), at the end of June, which has been the main funding source for July-Oct.2002.

However, Reach Out is still mainly dependent on private donations, which remains a constant encouragement for us to continue our work. We are very grateful to a parish in England, which from August has given one collection per month in support of Reach Out and pledged to continue for 6 months, as well as to each and every individual, who has raised funds through private initiative or from their own pocket.

An article about Reach Out was published in the Maryknoll Magazine in December 2002. The article was written by a Maryknoll affiliate, who spent one month with Reach Out in June 2002. The positive response from this article has been overwhelming – both in terms of private donations sent to us as well as many kind words of support and prayer. They will all help us to continue our work in 2003.

Continued funding from small and bigger funding organizations as well as individuals and community groups is still being very actively sought and our efforts will hopefully bear fruit soon.

2002 has been a very special and good year for Reach Out. Our activities have expanded and so has the support from the community – the people in the poor areas we serve, the Parish, as well as external communities and individuals here and abroad.

Having said that, it is still painfully clear that we are only reaching and helping a small part of people living with HIV/AIDS in Mbuya Parish, and only a small percentage of our clients receive more than the basic medical services we provide. It is a drop in the ocean – but the ocean is made of drops, and we have started, which is the important thing.

There have been many days throughout the year, when we were facing problems – shortage of funds or a need for a volunteer with a specific profession. However, our problems have always been solved. As one volunteer said recently, “It is like God is keeping His hand over Mbuya Parish”.

We are going into 2003 full of hope and energy. Working with the clients of Reach Out is a gift – a gift we are very grateful for and which we hope to share with many more in the coming year.

Kampala, January 2003