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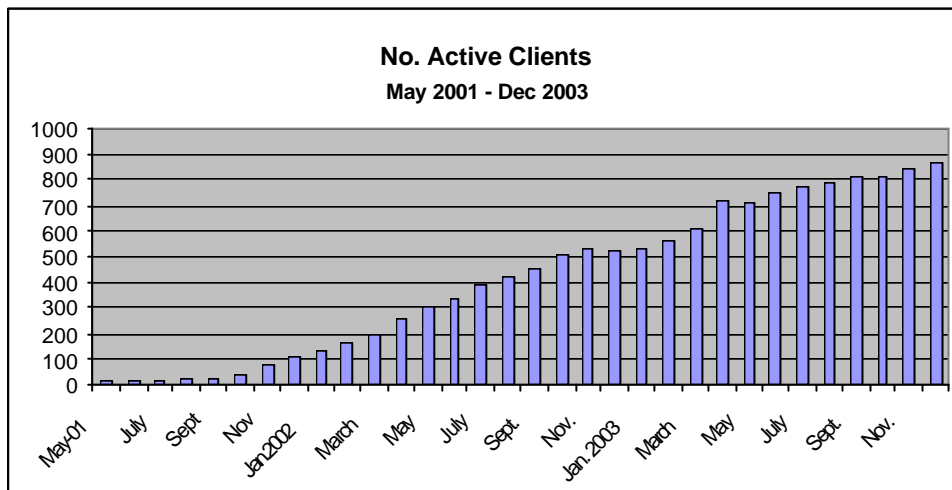
# ANNUAL REPORT 2003

What a wonderful year for **Reach out - Mbuya Parish HIV/AIDS Initiative.**

The first two years of Reach Out's life were full of new developments and tremendous increase in activities and client enrolment. We started in May 2001 with 12 clients served by 4 volunteers on home visit basis only, in January Mbuya Parish Church opened its doors for a clinic and by the end of 2002 we had 525 clients and 65 volunteers involved in a range of medical, social and emotional support activities.

The year of 2003 has seen continuation and further improvement in quality and quantity of the services provided - all aimed at providing holistic care for poor people living with HIV/AIDS in Mbuya Parish. There has been so many "firsts" this year - our first computer, our first bigger funding, our first international research study, our first own building, our first clients on ARVs...and many others. Even this report is a first where data collection, analysis and reporting is mainly done by our volunteers.

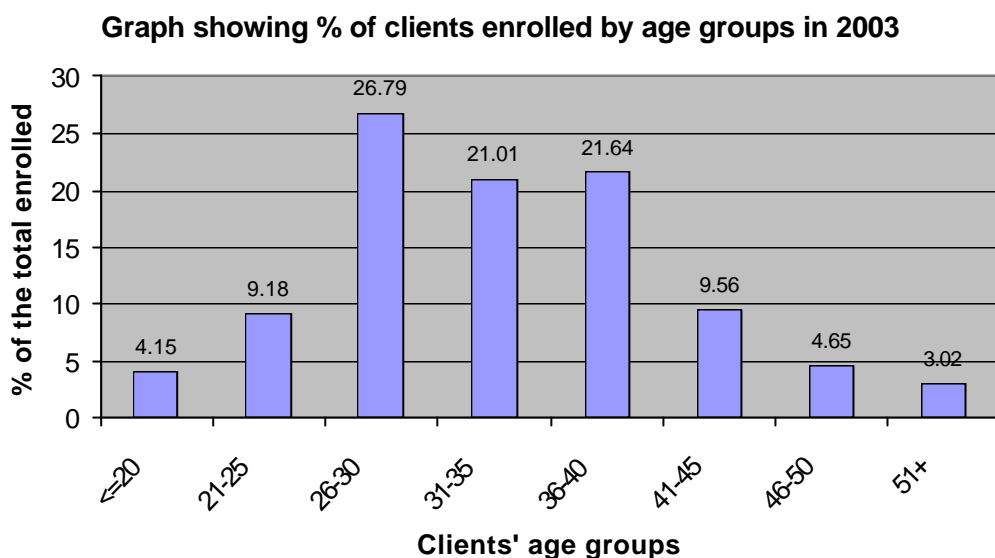
I don't think we lack imagination at Reach Out, but none of us had dared to dream that so many good things would happen in 2003.



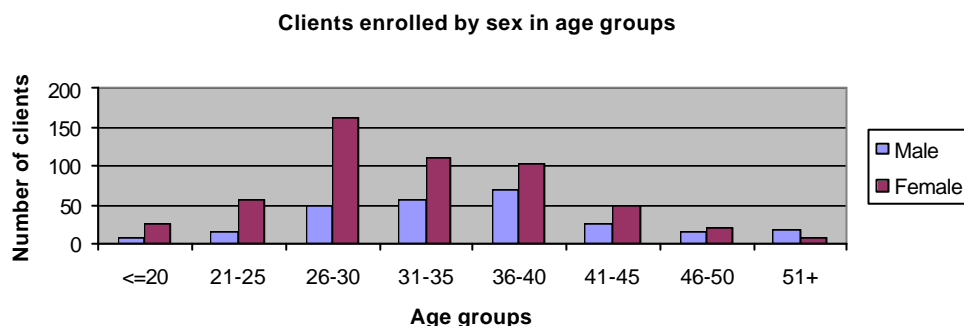
By the end of 2002 we had 525 active clients enrolled with Reach Out. During this year we have seen our client number increase to 860 clients. The census of 2002 showed the population of Mbuya Parish to be 59,000 inhabitants. Estimating the adult population to be 50% of the total, we have 2.9% of the adult population of Mbuya Parish enrolled as active clients in our programme.

## The clients we serve

67% of our clients are women. During the year we have continued to see a slight but steady increase in the percentage of men, from 28% by the end of 2002 to 33% by the end of 2003.



Overall 40% of our clients are 30 years or less, and 69% of our clients are between 25 and 40 years old. We find the high percentage of young people alarming as it indicates that HIV infection is still very high in the younger age group.



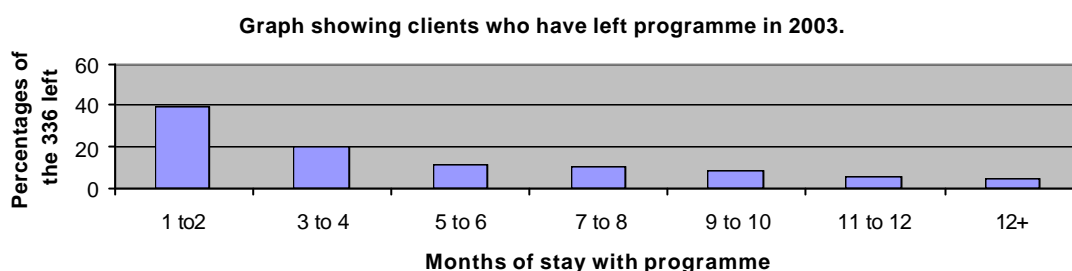
46% of all women enrolled are 30 years or less, compared with 28% of men enrolled. As shown above the median for women is 26-30 years, whereas for men 36-40 years. 5 % of women enrolled are <= 20 years old. In Reach Out we see clients >10 years old. We have only one girl, who most probably acquired HIV/AIDS at birth. The rest have been infected later in life, but at a very young age. HIV/AIDS prevention effort among adolescent women in particular needs much more attention. 85% of all female clients and 77% of males are 40 years or less - the important age group who provide for the younger and older generation.

63% of 1049 clients who came for voluntary HIV/AIDS testing to Reach Out were HIV/AIDS positive. This figure has not changed throughout not only this year but since we started in May 2001, and it clearly implies that despite the fact that we have

an estimated 2.9% of the adult population of Mbuya Parish enrolled in Reach Out, we are still only dealing with the tip of the iceberg.

During the year we have had 336 clients leaving the programme. The majority are leaving very early after testing, which may indicate that they do not want the close follow-up that we provide. The later departures from Reach Out are most often family taking clients home to the village if the social or health situation is getting too difficult to deal with here. This is often a very sad and difficult situation as good medical care in the villages is not always available.

We are working on improving our follow-up record keeping in 2004 so as to be able to indicate exact outcome of each client enrolled in our programme, and evaluate reasons for non-participation.



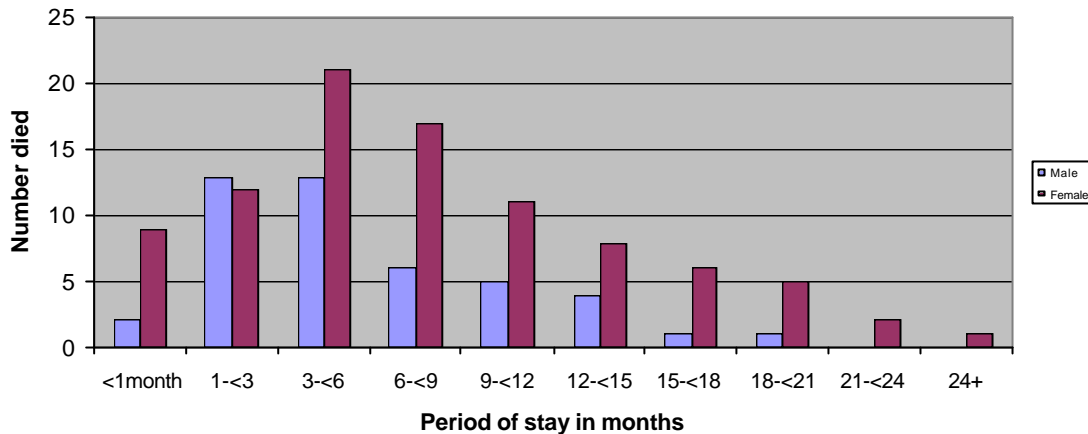
*(Data collection, reporting and presentation prepared by Eric Kamunvi and Rose Mary Namuli)*

## **MEDICAL PROGRAMME**

The objective of our clinical programme is to improve the health status of the poor people living with HIV/AIDS in our catchment area, Mbuya Parish (59,000 people). We treat HIV/AIDS as a chronic disease with regular, scheduled follow-up visits of our clients. Services are provided for free, but we request and expect collaboration from our clients in term of adherence to scheduled visits, complying with the drugs prescribed, and support of fellow clients.

In 2003 we lost 137 clients. 42% of the clients who died did so within the first 6 months stay with Reach Out. As the graph indicates below, this is in particular a problem for our male clients, who tend to come very late for treatment. We are very actively trying to encourage people to come for testing and follow-up earlier, but obviously we need much more attention to this problem.

Graph showing Clients' death by sex according to period spent with us



## CLINIC

Due to increase in clients number and services provided we had to expand clinic days from 3 to 4 clinics per week. The average number of clients per week has over the year risen from 200 to 350 clients per week. Each client is seen twice a month on average. Home visits are still made once a week where 5 teams of medical personnel and community workers visit an average of 25 clients, who are too weak to come to the clinic.

The basic medication given involves prevention with Cotrimoxazole and treatment of opportunistic infections. In June we were able to start some of our clients on Antiretroviral drugs (ARVs) through a research programme with Joint Clinical Research Centre (JCRC), and in addition we have raised sponsorships for ARV treatment for individual clients so that we now have 110 clients on ARVs (please see details in ARV section of this report). We still have a big cry for ARVs for our clients. In November, we were assessed by the Ministry of Health (Uganda) for an ART centre, and in late December, we got an affirmative answer, which enables us to become an ART centre. Hopefully we won't have to wait too long for the arrival of the ARVs for all clients who need them.

We also recently started our own PMTCT (Prevention of Mother To Child Transmissions) clinic to cover pregnant mothers of our programme. The central volunteers were given a package of Nevirapine to be given to the mother as need arises.

## CHALLENGES:

Space to carry on clinic activities. For instance, counselling and waiting area are still outside. Consultations are done in the church hall and we are still basically using the church premises for most of our clinic activities.

Need for training more health workers on ARVs as we await the ARVs from the Ministry of Health.

Need for more health workers to cater for an increasing number of clients especially with the news on ARVs. Reach Out is going to be one of very few places where ARVs will be available for free, and we expect that many people will want to join our programme. As we operate in a geographically defined area, with close supervision and follow-up, we will need to be able to grow with this increasing demand.

*(Report prepared by Evelyn Eleku)*

## TRAINING (Sept-Dec.2003):

We have continuing medical/nursing education every Thursday from 8.30am to 9.30am. Most recently embarked on was training on ARVS using the WHO guidelines.

In October 4 volunteers were sent to CDC Entebbe, for computer training in a package known as EPI INFO for beginners (data managers).

11 more T.B treatment supporters (clients) were trained by our volunteers at Reach Out. Unfortunately one client passed away a few days after graduating. 6 assistant central volunteers were trained in home-based care

In November, 2 Nurses attended a week's course in palliative care for health professionals at Hospice Africa Uganda (Makindye).

One more volunteer attended a week's course in LOT Quality Assurance Sampling Principles - data collection/analysis in Masaka, organized by Kampala City Council.

7 clients were trained by the counsellors in a book for life, which involves the clients writing about their life history - similar to a photo album. These are meant for the children to follow the life history of their parents.

Reach Out also trained 8 counselling aides to mainly do follow up of clients in the community.

2 residents from the University of California San Francisco Medical School spent one month with Reach Out and had a feel of HIV/AIDS clients at Reach Out.

Some medical personnel from Academic Alliance in Mulago have also been coming to us for training in clerking of clients. Others took part in the home visits as well.

In December 53 clients were trained by Friends For Life (Reach Out Community Outreach Team), in a bid to create community awareness on issues relating to HIV/AIDS, alcoholism and general life skills.

*(The above training report for Sept-Dec2003 was prepared by Rebecca Nantondo)*

## **TB DEPARTMENT.**

The TB department has a team of treatment supporters - clients who already have been treated for TB and got cured. They have the experience in taking drugs, and how to go about with minor side effects. They help other client to take their medicine correctly encouraging them to continue even if they get side effects.

The department's main activities are:

Following up clients who are newly diagnosed with TB to start their treatment, and for old clients to finish their treatment.

Encouraging clients to take medicine on a daily basis for 8 months.

Treatment supporters follow up clients on a weekly basis or more if needed.

Each supporter has 5-10 clients to visit.

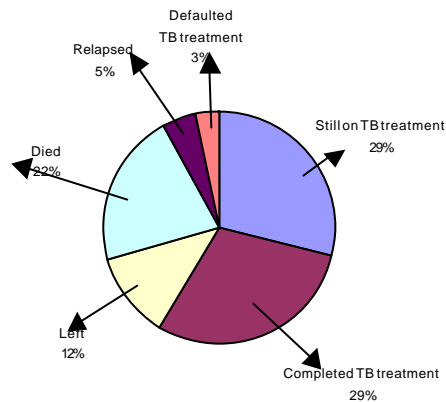
During the year we have had to train more supporters as the number of TB clients rose up every time.

The department has **20** treatment supporters who already had TB completed successfully and under went training on how to do the support system.

**414 clients have benefited in the department where**

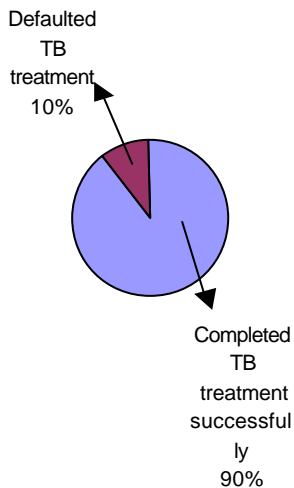
- 133 are still on Rx. 82 female, 51 male.
- 156 completed 106 females & 51 male
- 51 left 18 females & 33 males
- 75 have died 50 females & 25 males
- 22 relapsed.

**Figure showing clients' percentages of the total 465 clients that visited the TB department from Sept. 2002 to Dec. 2003.**



The clients have been able to improve on taking their medicine by the help of a continued follow up of treatment supporters. Many have managed to complete their treatment well.

**Figure showing success of TB department for a total of 157 clients treated from Sept. 2002 to Dec. 2003**



The department would like to solve on some of challenges it meets which some times lead to treatment default:

Non-availability of drugs when needed in government clinics.  
Re - treatment and defaults of some clients who turn to be stubborn by drug use when on treatment (alcohol, cigarette smoking....).

Future plans for the department: -

Reach Out to begin giving out TB drugs provided directly to us from the National TB Programme to our clients because of the increasing number of TB clients.  
Train more treatment supporters.

*(Report prepared by Olivia Babirye)*

## **Counselling**

Voluntary counselling and testing is provided for free for adults living in Mbuya Parish. Pre-testing counselling is offered once a week, and a referral slip is given to a private, reliable laboratory, where the test is carried out. Testing result is provided with post - test counselling the following week.

In 2003 a total of 1258 people came for pre-test counselling, of these 1049 went for testing. Of these **63% tested HIV positive**. Overall 24% of those who were tested never came back for their results.

Apart from pre and post - test counselling, on-going counselling is carried out at the clinic and in the community. The main issues presented include marital problems (in particular discordant couples), social problems, depression, alcoholism and confusion on taking medications among others.

In the last quarter of 2003 a total of 55 clients went for on-going counselling.

## **OTHER ACTIVITIES**

Include the training of eight (8) counselling aides, of these 7 are women and one (1) man. Six (6) clients were trained in Cerebration of Life Book and meetings/on-going training weekly.

The Post -test and Alcohol Anonymous (AA) clubs were introduced.

## **Future Plans**

Opening up discordant and total positive couples clubs.

Carrying out home visit for ongoing counselling.

Following up on counselling in the communities.

Introduce onsite - same day result voluntary testing and counselling.

*(Report compiled by Fred Katumba)*

## **ARV SECTION**



Since the start of Reach Out in 2001 we have been working on developing a strong medical programme with close follow-up of our clients. This has made us able to treat opportunistic infections early and efficiently, follow clients on TB medication ensuring a low default rate, provide nutritional support as an intricate part of clinical care and support their social and emotional needs. With these interventions we have been able to improve the quality and length of life for many of our clients. However, there is a time, where the viral load in the body is too high and the immune system too damaged, where there is nothing else we have been able to do, and we have to see our clients die.

With the building up of our services within Reach Out we have all along been preparing the path for introduction of ARVs for our clients. We ourselves felt that we were ready to start ARVs in early 2003, where in particular the TB programme was tight and with good follow up. It thus became almost heartbreaking to know that there is medication in this world, which could help our clients, except that we could not afford them.

The possibility of collaborating with a local research programme at JCRC therefore came as a God-send. In the period of July-Dec. 2003 a total of 85 clients were started on ARVs from through this programme. In addition 26 clients were started on ARVs with the support from private individual sponsors and the Elton John Foundation. A total of 11 clients died while on ARVs – These were clients who were very weak at the start of treatment - The ARVs came too late!

During a research study with UCSF Dermatology Dept. in May 2003 we found that **of the 10% of our total client population enrolled in this study, 20% had a CD4 count <10**. As these clients were enrolled in the study because of skin rash, they may not be representative for all our clients. However, we estimate that 60% of our clients are in need of ARVs (based on WHO clinical staging). At the end of this year we have 12 % of clients on ARVs - it is a start, but many more in need are waiting.

In general our clients have been doing very well on the ARVs - and we have seen many miraculous improvements. The clients are very eager to access these drugs and their compliance is very good. Our ARV team has been working very hard with close counselling and follow up in the clinic and in the homes, working in collaboration with the client, family members, and fellow clients as supporters.

### **Client's Story:**

*We had a client who never wanted to join the DART programme at JCRC (as it was far and he was very weak). He was looking very weak, pale and his hair had also started falling off. It was so difficult to convince this client to join ARVs. He totally had a negative attitude towards the drug, had basically decided to die (at age 30). But we continued to counsel him till he accepted to go at last.*

*He was started on the ARVs therapy and now he is looking so good! The hair colour has changed to normal. He gained weight, and he came and thanked us for the time and patience we had for him by counselling him and convincing him. He promised to bring us a very big coke.*

### **Way forward:**

We need to fundraise more money so that we can enrol more of our clients on ARVs.

To get more volunteers to cover home visits.

Further build support group for all clients on ARVs.

We need secure a convenient and efficient place for CD4 count tests for our clients.

*(Report compiled by Rose Ocen)*

## **YOGA**

Yoga training for clients and volunteers has been continued throughout the first 10 months of the year at break time on Monday and Friday clinics. The meditation and other exercises are highly appreciated by all. Due to extremely busy clinic days in the last weeks of the year, we have not been able to stop the work for the yoga training. Alternative timing for yoga is being sought for 2004.

## **FOOD PROGRAMME**

Provision of food support is a crucial part of our clinical care. Throughout the year World Food programme has provided food for 340 clients. As there was not sufficient food for all we have prioritised the food for clients with HIV/TB co-infection.

In late November an agreement was signed with WFP, which will ensure food for all our clients. Under this agreement WFP will give food to all eligible clients of Reach Out for a period of one year. Within this period it is expected that some clients would have improved clinically and would also improve in their earnings/savings so as not to need continued food support. Whether this will actually happen depends very much on whether we will be able to provide ARVs that will improve their physical state enough for the client to provide food for their families.

By the end of the year 700 clients and their families were enrolled on WFP food. The storage of food has been made possible by the donated container from Maersk, which is big enough to accommodate 60 tonnes of food in store.

To facilitate the management and distribution of food ten (10) additional volunteers were trained. These will work as food monitors and distribution assistants.

A study was done on the impact of food in a group of 100 clients *Reach Out Clinic-Mbuya Parish World Food Programme Recipients' Weight Gain Over 1 Year*. The study demonstrated significant weight gain on food, the most marked improvements in weight gain were observed in the clients with both HIV and TB.

In addition to the food provided by WFP we have been given dry food supplies mainly from Shop Rite (a big supermarket) and some dry milk from Surgipharm as well as meat from a local restaurant (Shang Hai). One private donor has throughout the year sponsored a full meal to be served for all clients (average 150) at every Monday clinic.

*(Report prepared by Peter Paul Igu)*

## **BREAD OF LIFE/SOCIAL SUPPORT PROGRAMME**

Bread of Life is an income-generating Programme under Reach Out-Mbuya Parish HIV/AIDS Initiative. It aims at improving on the social welfare and self-reliance of Reach Out clients. It has 3 main sub-departments.

### **Micro-Credit Scheme**

Loans (UgSh 50,000-100,000 = \$ 25-50) of 5% interest are given to clients who are strong and have experience in running small-scale businesses. The 5% interest is fixed on the

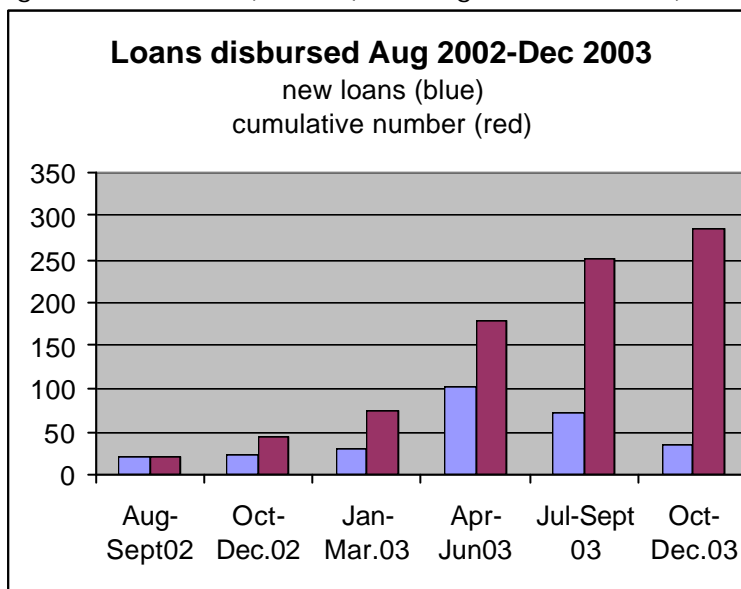
amount of loan given. The repayment is 5 months instalment, 20% of the loan is repaid per month.

Grants (UgSh 25,000-30,000/=) or material support (clothes, beddings + shoes) are given to destitute clients. Loans and grants can be applied for by clients and are granted following written criteria.

Funds for micro-credit scheme are raised by the sale of used donated goods from individuals. These sales are conducted two Sundays per month, at Mbuya and also at Banda Catholic Church. Reach Out clients conduct sales.

In 2003, 207 households benefited from the loans, 56 from grants and 73 from material support such as clothes, shoes and beddings. 35 clients received a second loan after successful repayment of the first.

The loans totalled UgSh 14,170,500 (\$ 7000) and UgSh 1,395,500 (\$700) grants.



The loan repayment by beneficiaries is excellent; it is prompt and we receive 97% reimbursed loans. The 3% not received is due to sudden death and sickness of the beneficiaries

The rapid increase in the number of loan beneficiaries in 2003 reflects the desire and willingness of Reach-out clients to raise income for sustaining their families and be self-reliant. It has also been caused by the introduction of ARV drugs; most clients are now strong and looking to do some work for themselves.

### **Achievements**

The scheme has been able to sustain itself for the whole year i.e., disburse loans and grants promptly, train loan monitors, mobilize used donations from individuals, conduct monthly markets promptly, facilitate volunteers transport, allowances and buy essential office supplies.

### **Challenges**

Our main challenge is inadequate capital to run the Scheme and sudden death of the beneficiaries. In spite of these, the scheme's activities are running smoothly due to the active participation of the and involvement of the beneficiaries (clients).

## **WAY FORWARD FOR 2004**

We are planning to conduct business training for the beneficiaries, impact assessment of the loans and grants on the beneficiaries and fundraising for the scheme.

The clients benefiting from the loans more than one have also been prepared to pay 10% interest on the loan given to them. The expatriate volunteers together with the scheme Ugandan volunteers will conduct the business training.

*(Report prepared by Mariam Akiror)*

## **ROSES OF MBUYA**

2003 has been a year of valuable lessons for the Reach Out sewing workshop, Roses of Mbuya. We have truly learnt the value of having hopes for the future: more than one of the tailors have struggled through periods of severe illness and have come back to life because they knew that they were not forgotten and that their places in the workshop were kept open for them.

We have also learnt that hard work is needed from everybody in order to sustain the workshop. Roses of Mbuya employs 39 clients who all need to earn their salaries through sales, and counting material costs as well, the monthly expenses are considerable. We have not yet managed to fully cover running costs through sales, but we are working on it. Our strategy is to rely more on large orders from organisations and companies which will guarantee an income for the project. Already now, we are producing drivers' uniforms for World Food Programme and school uniforms for St. Kizito School, and more orders are being planned for. However, we will still be producing beautiful clothes and household items to be sold in our shop, and a whole new range will be in production from February.

Mango Tree Educational Enterprises have given us yet another contract up to August 2004, producing educational materials to primary schools from grain sack materials. This means that from January 2004, we will employ another 20 clients in the workshop, who will be producing these items.

In mid-December we moved into our brand new building which was donated to us by the British High Commission. We are extremely grateful for this opportunity to have permanent housing for the workshop which was preliminarily occupying the Parish Hall. The new

building will be official opened by the High Commissioner on January 7<sup>th</sup> 2004.

Our great challenge for the coming year is to work towards making a good profit so as to be able to contribute financially to the running of the clinic.

## **OPERATION SCHOOL FEES**

OSF has enabled children/orphans of our clients to have access to primary Education. OSF is looking at education as the key tool to fight and to minimize the infections of HIV/AIDS especially among the youths. OSF is also aiming at minimizing the rate of school dropouts from the households of our clients. The girl-child is given priority in our program as they present the most vulnerable cases with girls being dropped out of school first whenever families are faced with the dire circumstance that lead up to children having to give up school. We currently cater for 104 girls and 98 boys.

We make sure that our children get a hot meal at school; school supplies e.g. uniforms books bags, pencils, etc. The children are monitored on a monthly basis and their school fees paid in time.

OSF is working closely with our new (in 2003) community outreach group called "Friends for Life", with holiday and fun time activities for the students as well as seminars for teachers and students in the schools with OSF kids (see below).

By the end of 2002 we had 63 children sponsored through OSF, and our aim was to increase this number to 150 by the end of 2003. We are happy to report that due to good support from individuals and smaller private groups we have been able to help 202 children in school this year. Six of our children will graduate from primary school this year, but unfortunately we will not be able to fund them for secondary schooling where tuition is much higher. The only secondary schooling support we provide is for children who themselves have HIV/AIDS. Mbuya parish has for some years collaborated with AVSI, an Italian organization supporting children in school from primary up to the higher institutions of learning. AVSI will in the coming year take 33 of our children into their programme (which does cater for secondary and other higher education) as well as 42 children from other poor families from the Parish. They will all be followed up by OSF. This will allow us to enrol an additional 34 children, and our total goal for 2004 is to help 250 children in school this year.

Our long term goal depending on the availability of funds, is to provide vocational training for our children leaving primary school. This would enable many of the children to acquire skills with which they could support themselves, as we are unable to sponsor them all beyond their primary level of education. Carpentry and tailoring shall be the main activities

taught. In addition Operation School fees is planning to form a Drama group from which the children's activities will raise money that will go directly towards their needs. However we are still looking for a qualified volunteer who can coordinate this part of the program.

*(Report prepared by Joseph Ntale)*

## **FRIENDS FOR LIFE**

Reach Out's "Friends for Life" department was started in April 2003 and was initially referred to as "Community Mobilization". The aim of the department is to involve the Mbuya Parish community, especially the youth, in the prevention of HIV/AIDS and associated problems.

Between April and June 2003, **health education and sports activities aimed at primary school children and teenagers** were carried out. These activities were carried out in collaboration with the Canadian non-government organization "Right to play". This working relationship has continued throughout 2003, for example on the "Celebration of the African Child Day" when Right to Play donated balls and other equipment for Friends for Life department and Reach Out was able to assist Right to Play in their measles campaign when one of our volunteers was selected to act as a sports-health festival manager in Kampala district. Reach Out aims to consolidate this fruitful relationship during 2004.

Also between April and June 2003, Friends for Life started a **drama group** consisting of Reach Out clients with the purpose of providing an innovative approach to sensitise local children both at school and the local youth centre. Some dedicated Reach Out volunteers run a **youth club** in the local parish hall during the weekends and school holidays. This is an invaluable activity as it provides Mbuya's youth with a friendly, supportive arena for them to develop themselves. These activities include plays, sports games and music, by providing these facilities and filling the youth's free time they are dissuaded from other 'unhealthy' activities.

During July to September, Friends for Life worked closely with the five schools involved in Reach Out's "Operation School Fees" (OSF) department and three local parish schools. A total of 681 children have benefited from these activities. Friends for life offers OSF children, who come from poor homes, extra support in their studies and social life through the **"Good Friends" club**. Six clubs have been established in five schools in the parish and one outside the parish. Friends for Life also organized holiday seminars for OSF children in September. This included a week of dance, drama, sports and music, which culminated with a trip for 152 OSF children to Entebbe Wildlife centre. The smiles, laughter and fun had by all are a clear testimony to the importance of these activities.

These activities are ongoing and since September we have made the activities more in line with formal education through a **behavioural change seminar known as "Education of Life"**, which is carried out at local primary and secondary schools. The programme is carried out in areas where there is a high prevalence of HIV infection and therefore a greater need to help people avoid risky behaviour. The aim of the seminar is to promote responsible behaviour among the youth enabling them to make informed decisions about all aspects of

their life by requiring life skills. These life seminars have been carried out in five primary schools and two secondary schools and to keep momentum follow-up activities introduced. These follow-up activities include **talks, video shows, role plays, drama, music and games**. These activities will be expanded in 2004 and in order to increase the effectiveness of them, Friends for Life carried out an evaluation of the programme. The feedback was very positive and the schools greatly appreciate our programme and look forward to its continuation.

In order to improve the effectiveness of this programme Reach Out has organized a course in February 2004 with ACET (Aids, Care Education and Training). Reach Out will pay for 25 participants which will be a mixture of Reach Out volunteers and teachers from the schools in which we participate. By involving the teachers in Reach Out's activities it will strengthen our impact in the local community, which is crucial in preventing the spread of HIV/AIDS and promoting positive living for those already infected.

In 2004, Friends for Life intends to expand the behavioural change seminar and follow-up programmes to four additional schools.

Outside of formal education, Friends for Life has expanded its activities into the community. Between 2nd - 18th December 2003, the department carried out training in the three different communities within the parish - Mbuya, Banda and Acholi - referred to as **"Together for Life"**. The topics covered included how HIV/AIDS is spread, alcoholism, drug abuse and hygiene. The majority of the participants were clients who want to become public speakers in order to educate the people in the own communities about HIV/AIDS and associated problems. A total of 49 people benefited from the training.

In 2004, "Together for Life" programme will be extended within the Mbuya Parish. The initial programme received a very positive response, as our clients are very keen to fight stigma and discrimination among people living with HIV/AIDS. As Reach Out's link into the community, Friends for Life intends to increase the number of clients helping in the department in 2004.

As Friends for Life is a new department it is in need of funding. Several proposals have been written but we are awaiting to see if they will be successful. The enthusiasm of clients and volunteers alike for the work of "Friends for Life" is very encouraging and we are extremely hopeful that our activities will be consolidated and expanded in 2004.

*(Report prepared by Joseph Byakatonda)*

## **TRAINING**

At Reach Out, we never cease to learn and the past year has been momentous in the amount of training that has been undertaken. It is this constant sharing of knowledge; information and experiences that help motivate our volunteers and ensure that our clients are committed to the programme.

Medically, we have enjoyed successful training courses in medical examination skills, palliative care in the community, home-based care, basic clinical management and ARV training using WHO guidelines. Our counselling section has successfully trained counselling aides, mainly to do follow-ups with clients in the community. Our counsellors also partook in courses for the terminally ill and a new course "Celebration of Life" has started involving clients writing about their family history for their children. In administration, volunteers have increased their computer skills through training. These skills include in programme management and the data system EpiInfo and a LOT Quality Assurance Sampling Principles course in data collection/analysis. The dedication of our volunteers is evident in their enrolment in evening courses including human resources and accounting. Our food programme department enjoyed an informative training by the WFP team in food management training. In the community, training programmes have included AIDS awareness and care, health, education and sport.

We try to include as many of our clients in our training as possible which helps create a sense of pride and ownership towards Reach Out within the community. For example all our T.B. treatment supporters are trained clients and in the community work clients have been trained as facilitators in a bid to create community awareness on issues relating to HIV/AIDS, alcoholism and general life skills.

Reach Out has successfully collaborated with many organizations in formal education such as Hospice Africa Uganda, Kampala City Council, WFP, Right to Play and Academic Alliance. In addition, training is carried out by our own volunteers as their wealth of knowledge and expertise is indisputable. The training is a continuous process and the enthusiasm and commitment to learning by our volunteers ensures the future success of Reach Out. We try to ensure that every volunteer and client receives the maximum amount of support available in increasing their expertise. This is crucial to Reach Out, especially with our expanding situation. In addition it is also important in the professional development and empowerment of our volunteers and clients on an individual level.

During 2003 we have also been able to welcome people from outside institutions to come for training at Reach Out. These include:

University of California San Francisco, where 10 senior residents have spent one month elective at Reach Out. We have really enjoyed these residents and despite their short stay, we believe it has been mutual beneficial for them and Reach Out.

One medical student from Loyola University in Chicago spent 6 weeks elective.

One geography student from Oxford spent one month for her research project.

Three IB students from Lincoln International School did their community project with Reach Out.

Nurses undergoing training at Academic Alliance have been trained at R.O. in medical story and examination.

Doctors from Academic Alliance ART course came as part of their training for home visits.

Two counsellors and two social workers from Makerere University have been doing their practical with Reach Out.

*(Report compiled by Victoria Hoe)*

### **Communications:**

Communications is a growing theme within the Reach Out programme. Reach Out is heavily depending on private funding and we need to promote our activities both within and outside



Uganda. However, with our communications we also see it as our aim to advocate for provision of care and support for poor people living with HIV/AIDS in general - not only in Mbuya or Uganda.

We keep up to date information such as promotional materials like flyers, posters and leaflets that give one an overall view of what is done at Reach Out. We are also producing research and health education publications.

A major activity of the communications department is to welcome visitors to Reach Out, and show them around and inform about our programme. During 2003 we have received an average of 2-3 individuals or group of people per week. Some of our visitors have been very important players in the fight against HIV/AIDS such as Mr. Stephen Lewis, UN Special envoy for HIV/AIDS in Africa, and Mrs Graca Mashel, as well as Mr. Jim Morris, Executive Director World Food Programme and his leadership team, others are from smaller organizations who are interested in our work, or individuals, who just want to learn more about HIV/AIDS. We welcome everybody as we see it as an important task to educate and advocate for better care and support for poor people living with HIV/AIDS - and because we believe that if you see the situation on the ground, it is very hard to turn away. One journalist from a big Danish newspaper wrote a series of articles on HIV/AIDS with a Reach Out client story as the central piece and giving a key hole view into the reality of HIV/AIDS for one of the 42 million people living with HIV/AIDS. Following an overwhelming response from the readers of this paper a fund for support of small organizations working on the grass root level was established. Meanwhile, Reach Out still needs to strengthen its communication programme, and a communications strategy to be implemented will be developed in the next quarter.

The material produced this year includes:

- Health Education brochure on Tuberculosis

- Information and promotional brochures on the overall Reach Out programme, on Operation School Fees, and on Roses of Mbuya

- Clients Tell Their Stories. A research Study by Sarah Dryden and Kamunvi Eric Robert
- What Aids Can't Do. Reach Out Calendar 2004

*(Report compiled by Joanita Nambi)*

## **RESEARCH**

In September 2003, REACH-OUT launched the Research and Project Committee to oversee all academic investigations and other projects at the program. The committee meets regularly to discuss all ongoing research and projects, to solicit and discuss new ideas, and to learn about other studies in Uganda. The meetings are open to all REACH-OUT staff, clients, and guests.

In April 2003 A study "Living with HIV/AIDS in Uganda and the Impact of Holistic Interventions – Clients Tell Their Stories" was carried out by *Sarah Dryden*, Fulbright Scholar, Makerere Institute of Social Research, Uganda and *Kamunvi Eric*, Reach Out Volunteer. A random sample of 23 clients of Reach Out were interviewed to evaluate the impact of the interventions offered by Reach Out. (The full study is published as a booklet and is available from Reach Out ).

In May 2003, 73 REACH-OUT clients participated in a study of a common skin condition. The preliminary findings of the study indicate that this rash is most likely caused by an exaggerated immune response to common insect bites. REACH-OUT has since purchased

bed nets for all the clients who participated in the study. About 40 clients with this rash have started taking antiretroviral treatment and their rash was followed up with repeat epidemiological questionnaires at three months.

In November 2003, two internal medicine residents from the University of California-San Francisco reviewed the records of clients receiving nutritional support from the World Food Program. This review revealed that food distribution resulted in significant weight gain over one year that could not be explained by other treatments. In addition, the study hinted at a reduced mortality rate in clients receiving food.

In addition, REACH-OUT prepared three abstracts for a conference on Leadership Among People Living with HIV/AIDS in October 2003. Three HIV-positive staff/clients presented their experiences with TB treatment support networks, the volunteer program, and the Roses of Mbuya at the conference.

To facilitate Reach Out's research agenda and program evaluation, a database is being designed in EpiInfo 2000 to handle information related to all aspects of the program. In September, two data managers and three data clerks were trained to use EpiInfo 2000 at the Centers for Disease Control at the Uganda Viral Research Institute in Entebbe. The current plan is to have the database operational by summer 2004.

*( Report compiled by Dr. Lisa Furmanski)*

## **Administration**

By the end of 2003 Reach Out had, including the tailors of Roses of Mbuya, a payroll of 124 people of whom 58% are clients. Over and above that we have 12 volunteers not receiving stipend as their partner has an income. The total monthly payroll expense is UgSh. 8,089,200 (\$4000), which is an average of UgSh 65,235 (\$33) per volunteer per month (85% are full time). In Mbuya Parish (like so many other places) we are all infected or affected by HIV/AIDS and our volunteers obviously do not work for the money, but they are committed to help fellow human being.

## **Human Resources**

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 Acholi Quarters. They are assisted by trained TB supporters (20) and Home Based Care givers (5), who are all also clients of Reach Out.

### *Medical Programme*

3 doctors (1 full time, 3 part time), 8 registered nurses, 4 enrolled nurses, 3 counsellors, 8 counselling aides, receptionist and 2 assistants, 1 yoga instructor, 8 part time volunteers doing translation and assisting in the general running of the clinic, 1 TB coordinator, 1 WFP Coordinator, 2 assistants and 10 food monitors,

### *Social Support Programme:*

1 Coordinator & social worker, 2 assistants for Bread of Life, 1 anthropologist, 2 sewing instructors, 3 young volunteers, 1 part time craft work instructor, 4 young volunteers from the Parish, 1 senior volunteer, 1 OSF coordinator and 3 assistants.

### *Community Mobilization:*

1 coordinator, 3 volunteers, 1 VSO volunteer

### *Administration:*

1 book keeper/administrator, 2 part time MBA advisors, 2 book keepers, 1 communication coordinator, 1 secretary.

12 non-Ugandan volunteers from 8 different countries work mainly part time in various parts of our programmes. In addition to these, 15 volunteers come on a less regular basis for a specific task or when an extra hand is needed.

## **Buildings**

Mbuya Parish generously provided Reach Out space for a clinic in January 2002. From the initial 3 small rooms we have expanded to include all available rooms in the church building, the church hall itself for clinics, the parish hall for Roses of Mbuya and out door space for waiting, counselling, meetings etc. We were bursting in our seams. It is therefore very good to be able to report that we at the beginning of 2004 will be able to open two new buildings (each 64 m<sup>2</sup>). One building is funded by the British High Commission the other along with a separate toilet building is funded by The Stephen Lewis Foundation. The Roses of Mbuya sewing workshop will occupy 1 ½ of the new buildings, and the remaining space will be used by the social support services, and the ARV, TB team, WFP and Friends for Life team.

## **Financial Summary - Year ended 2003**

Reach Out Mbuya has continued to grow throughout the year expanding its activities supporting the community. This has only been possible through the support of our donors. On the attached schedules - annexes 1,2 and 3 - the financial revenues and expenditures for the year are detailed, analysis of donations for operating the clinic and sources of funds for the programme as a whole.

The key points are as follows-

Revenue from both NGO and private donations and from income generating activities totalled over UgSh 376m (US \$188,000). Income generating activities gave UgSh 79m (US\$ 39,000 - 21%) of the total, private donations provided UgSh 146m (US \$ 73,000 - 39%) and NGOs provided UgSh 151m (US\$ 75,000 - 40%).

Income was generated from sales of clothes and products from the Roses of Mbuya sewing workshop and the Mango tree project. Additional income was raised by sales of Reach Out calendars, clothes and crafts from Bread of Life and Operation School Fees.

Private donations were received from both people in Uganda and also individuals abroad – in particular from the USA via the Maryknoll Affiliate Programme, a New York faith-based organisation.

The principle NGO donors were Hope for African Childrens' Initiative (HACI), Stephen Lewis Foundation, World Children's Fund, Elton John AIDS Foundation, Aids Integrated Model Programme (AIM), and the International Monetary Fund Civic Programme (IMF).

The project costs totalled UgSh 322m (US\$ 161,000) and fall into 3 categories.

Operational costs - UgSh 157m (US\$ 78,000 - 48% of total costs). These are the direct costs of the support given to the community. The nature of these costs varies with different aspects of the project.

Administrative costs - UgSh 119m (US\$ 60,000 - 37% of total costs). These are the costs associated with fund-raising, volunteer stipends, financial management and general office costs. It is important to note that about 58% of volunteer stipends are paid to people who are also clients of the programme. We are supported more than 120 committed volunteers within the community with an average monthly cost of about UgSh 65,000 (\$US 33) per person. This is the key to our financial efficiency and is the main reason why we can run a low-cost programme.

Capital expenditure - UgSh 50m (US\$ 25,000 - 15% of total costs). These are the costs of acquiring long-term assets - new accommodation and furniture to build up project infrastructure.

Looking forward to the next year funding is being sought to greatly expand the scope of the ARV programme and secure the funding of other areas of the project. The Roses of Mbuya and Mango Tree sewing workshops will be restructured to create surplus funds to help sustain other aspects of the project.

*(Financial report prepared by Emmanuel Ojilong, Sophie Guichard and Udey Chowdhury)*

*It is an almost indescribable feeling to be able to say "The Antiretroviral drugs are coming". Much work has been put into being able to prepare for them in terms of development of programme infrastructure, follow-up mechanisms, funding attempts, plans, training, support care - you name it. At the end of 2003 we have 110 clients on the ARVs - and we hope that by then end of 2004 we will be able to have the vast majority if not all clients in need of ARVs on these life prolonging drugs. It is going to be a tremendous challenge for us, but we are all committed to succeed - after all it is a human right to get this care.*

*Today we received a letter from a client called Anna. She is 34 years and has three children of whom one 11 year old boy is also HIVpos. She came about 20 months ago to Reach Out, and she had Kaposii's sarcoma starting in the face. We managed to get her sponsored for chemotherapy, but after a short remission, the HIV/AIDS related cancer flared up again and she was getting weak and bed bound. In August 2003 she was started on ARVs paid by a private sponsorship. She brought her son, Herbert, who was started on ARVs with another sponsorship in late November 2003 (his CD4 count was 18). We want to share her letter with you - because we want to extend the thanks she expresses to all of you, who have helped Reach Out - with work, money, prayers, advice, or any other kind of support.*

*Reach Out is like a mosaic where every piece adds to its beauty.*

*Kampala 20th jan.2004*

*Dear All in Reach Out,*

*I would like to send you my thanks and best wishes to you for everything you are doing for us; because without you by now, they would have buried me long time ago together with my son Herbert. May the Almighty God enrich you with his power and might in your everyday struggle, so that everything become a success. NB: My words of thanks are not enough, but it is God to give you the reward for everything.*

*Thanks, Best wishes, Anna.*

*PS I couldn't come with Herbert as I have gone to work. He can express himself to you well.*

Report submitted 20th January, 2004

Father Joseph Archetti and Dr. Margrethe Juncker  
Reach Out - Mbuya Parish HIV/AIDS Initiative  
Kampala