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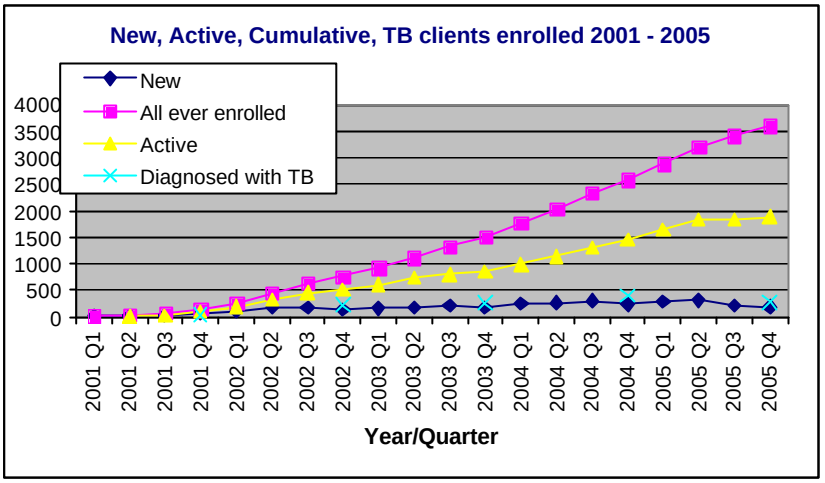
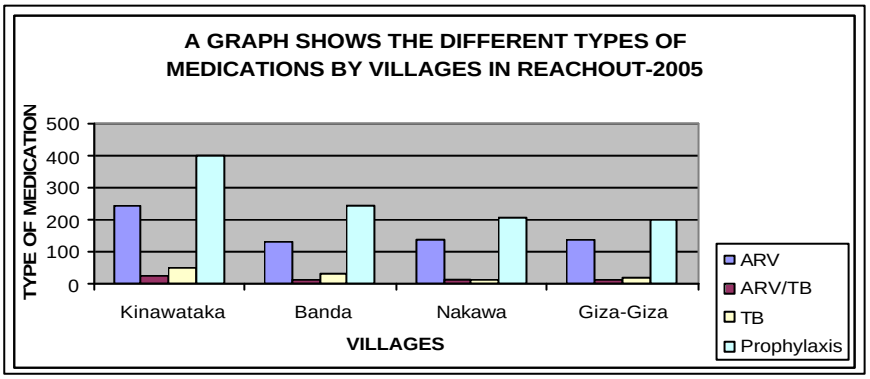
Reach Out - Mbuya Parish HIV/AIDS Initiative Annual Report 2005

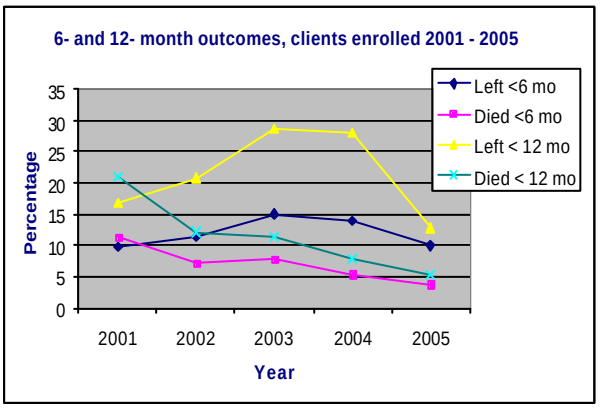
The year presented tremendous challenges and immense opportunities for Reach Out, concluding on a highly positive note for all. We were able to sustain moderate growth in the program, registering 1022 new clients to the program. By the end of 2005, the program had 1892 actively enrolled clients, a 30.3% increase over the 2004 end-of-year total.



Of the 1892 actively enrolled clients, 34.4% are currently receiving ARV therapy, 6.1% are receiving TB therapy, and 3.8% are receiving *both* ARV and TB therapy. All are receiving Cotrimoxazole prophylaxis.

Kinawataka village experienced the most significant growth in new enrolees, which is most likely attributable to the opening of the new community centre in Kinawataka. Kinawataka still accounts for the greatest proportion of enrolled clients. However, Banda village accounts for the most significant TB burden in proportion to total clients enrolled in the area.

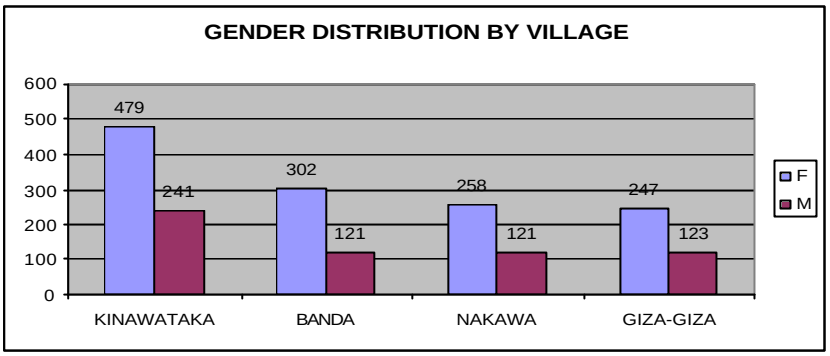




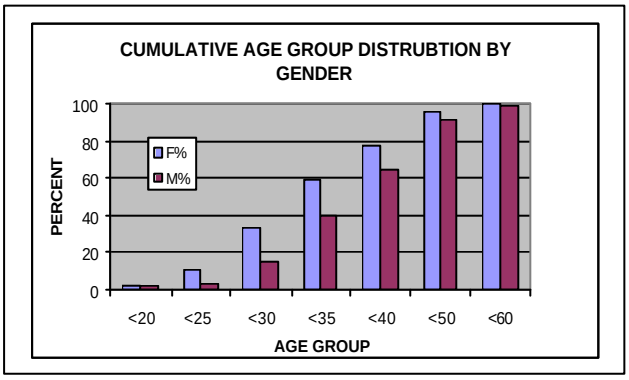
In 2005, as the ripple effect of ARV implementation began to spread across the program, we registered a significant decline in 6- and 12- month death rates among our clients. Six-month mortality rates for all clients in the program reduced from 11.19% for clients enrolled in 2001, to 3.71% for clients enrolled in 2005. Twenty percent of the new clients enrolled in 2001 had died by the end of the year, compared to 5.28% of new clients enrolled in 2005. These figures are a strong affirmation of the work done by the community network of supporters, who selflessly give their time and dedication to ensure that our clients' needs are met.

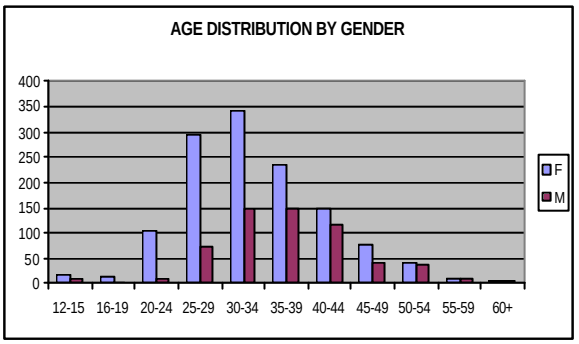
THE CLIENTS WE SERVE

- Of our 1892 active clients 68% are women and 32% are men.
- We have an estimated 6.3% of the adult population of Mbuya Parish enrolled
- Kinawataka has alone 38% of the total client number.



- 33% of the women are <30 years as opposed to 15.7% of the men in the same age group. It is concerning that so many women still present with HIV/AIDS at a very young age – clearly stressing the need for continuing active prevention activities in the community.
- 60% of the women are <35 years old – the age of child bearing and child care.





Highlights & major achievements

Medical Support Section

- In 2005 1022 new clients registered to the program. By the end of the year, the program had 1892 actively enrolled clients, a 30.3% increase over the 2004 end-of-year total.
- Of the 1892 actively enrolled clients, 34.4% were by the end of the year receiving ARV therapy, 6.1% are receiving TB therapy, and 3.8% are receiving *both* ARV and TB therapy. All are receiving Cotrimoxazole prophylaxis (except a few who are allergic to Sulfa).
- We have registered a significant decline in 6- and 12- month mortality rates among our clients. Six-month mortality rates for all clients in the program reduced from 11.19% for clients enrolled in 2001, to 3.71% for clients enrolled in 2005. Twelve-month mortality rates for all clients reduced from 20.1% for new clients enrolled in 2001, to 5.28% for new clients enrolled in 2005.

Counselling

- 48% increase in number of clients receiving VCT from 1540 in 2002 to 2964 in and 2005. The majority of our VCT recipients fall in the age group 25-35 years. Only 40% of VCT recipients are male.

- Average HIV+ rate over the year for those who access VCT has reduced from 63% in 2003 to 47.1% in 2005. 65.3% of those who test positive in 2005 were females
- Overall 120 couples were registered for VCT. 51 **(42%)** of these were found discordant (one partner HIV+, the other HIV-). A new programme aiming at addressing prevention among couples was started. The first one-day retreat was held in December 2005.

Clinic

- 113 clients died in 2005, however sad, it is a great improvement when compared to 140 who died in 2004. Of the 40 clients who died on ARVs in 2005, 17 had a low CD4 count of below 100, while a total of 23 clients had CD4 count of below 200. This shows that 57% of clients who die on ARVs at Reach Out are those with low CD4 count of less than 200.
- The total number of clinic consultations this year (21,184) was only slightly lower than the total consultations in the year 2004 (21,281) representing a 0.5% reduction.
- The average number of times a client is seen per month has reduced from 2 in 2003 to 1.2 in 2004 to 1 in 2005.
- A total of 417 home visits were made in 2005. Although the number of clients enrolled increases, the numbers requiring home visits has remained stable because with the scale up of ART there is improved quality of life.
- We now have an on site laboratory in Kinawataka which we are in the process of equipping.
- Discussions to start a paediatric clinic through the family based approach are ongoing. Enrolment is scheduled to start during the first quarter of 2006.

Treatment Implementation Unit

- September 2005 the T.I.U (Treatment implementation unit) became functional leading to the improved treatment outcome for TB and ART and reducing numbers who are lost to follow up as opposed to transferred
- By the end of December 2004 we had a total of 545 clients on ARVs. At the end of December 2005 we have 818 clients representing an increment of 273 clients. We started providing ART through MOH/ Global fund in March 2005
- The average adherence to ART was over 95% for about 80% of the clients.
- During the 12 months of 2005 we have enrolled 433 clients on TB treatment
- A total of 82 mothers have been enrolled for PMTCT this year, 22 of whom were on ARVs and 60 were on prophylaxis
- 41 mothers delivered live babies this year, 25 of whom were on prophylaxis and received at the onset on labour a single dose of Nevirapine plus a 7-day course of Combivir while 16 mothers were on ARVs already for their own needs.

Medical Training

- In 2005 a total of 1441 training days were provided for volunteers/staff in the medical support section. Clinicians received an average of 27 training days, counsellors 38 training days and CATTS 6 training days over the year.
- This year a total of 703 person training days were provided for external trainees from abroad and within Uganda.
- Two groups of our Nurses underwent a two weeks' training of trainers (TOT) course in teaching skills for adult learning and all completed successfully. This empowers us with the capacity to carry out concurrent trainings within Reach Out and for sister organizations.
- In the first quarter, 2 Nurses from Kiwoko Hospital completed a two months course on Comprehensive HIV care with us..
- The first external CATTS training in Home Based Care at Reach out was carried out in the second quarter and was successful.
- In July, one Nurse completed an 18 months Diploma Course from Manchester University course in the Care and Management of PLWHAs.
- A Medical Training Department was created to coordinate the extensive continuing of the staff, volunteers and clients in the medical support programme. General Training under our Human Resource Department.

Community Support Section

Friends for Life

- Good Samaritan Community Outreach programme meet weekly in seven different communities, reaching 812 people this year, most of whom were women.

- Operation Gideon is a new program under FFL targeting men in the efforts of HIV/AIDS prevention in the community. In November 176 men attended a one-day retreat.
- A couples' retreat to look at the causes of misunderstandings and how to develop healthy communication in couples. The participants were a mix of married women from the Good Samaritan group and married men from Operation Gideon, and there were 447 people in all. This retreat launched a new program geared at couples, called *Couples for Life,* which we will continue next year.
- Sensitised people about malaria and distributed 503 Long Lasting Treated Nets
- Started football and netball leagues to involve 164 youth
- Each of five youth group attended three-day-long behaviour change seminars twice this year reaching 734 youth in all.
- Reach Out facilitators make weekly visits to primary and secondary schools to give presentations on HIV and behaviour change. In all, we reached 1512 students in 13 different schools.
- A festival for primary and secondary schools with the theme "How Can Students Prevent HIV/AIDS and Keep the Promise" held in June. The competition attracted 8 primary schools and 4 secondary schools, with a total of 366 participants
- Expanded Adult Literacy to all interested community members. Adult Literacy meets every day. Presently they have 53 learners.

Community Network of Care

- The Community Network of Care has now 38 CATTS (Community ARV & TB Treatment Supporters) and 9 community supporters. They follow new (6 months) ARV and TB clients with at least weekly visits and all clients once per month
- The Community Network of Care is ready throughout the day and night, weeks and months. Their support is crucial for the success of the medical programme. Mother Theresa would be proud of many of our CATTS.
- Distributed grants to 82 clients, totalling $2219 USD

Food Program:

- Helped 250 beneficiaries become self-sufficient
- Enrolled 250 new clients, bringing the total number of beneficiaries to 1,042 clients and their families
- Negotiated a new Memorandum of Understanding with the World Food Program

Social Support Section

Bread of Life – Microfinance

- Presently 1,151 loans have been given to clients since the programme started in 2002. 501 loans have been given in the year 2005. Analysis shows that no. of loans given in the year 2005 almost doubled compared to year 2003 and 2004. Of the loans given in 2005, 319 were given to women (64%) and 182 (36%) were given to men.
- Since beginning of year 2005 we have been running a monthly one-day business training workshop. This is for the purpose of educating our clients in business skills especially in customer management and records keeping. By the end of December 2005 we have trained 321 clients, 91 (28%) men and 230 (72%) women.
- Repayment rate for the year 2005 stands at 76%.

Operation School Fees

- Operation School Fees had a good year in 2005 increasing the number of sponsored children to **459 from 356** in 2004.
- OSF received donations totalling 96.6 million UgSh ($ 53,077) from all its generous donors all over the world including 11 new donors.
- 31 children under OSF sponsorship sat for their Primary Leaving Exams, 5 for their Uganda Certificate of Education and 11 for their Uganda Advance Certificate of Education

Roses of Mbuya

- The Roses of Mbuya had an extremely successful year in 2005. The Roses managed to secure several contracts as well as increased the number and variety of the items for retail sale in their shops around Uganda. The Beads of Hope project has also expanded to sell in the retail shops as well as exporting orders to other countries.
- The total sale figure for 2005 was approximately 67 million UgSh, while the total cost of sale figure was approximately 58 million UgSh, thus leaving a **total profit of approximately 9 million UgSh** for the Roses of Mbuya in 2005.

Programme Implementation Support Section

Operations Support

- A new organisational structure was developed and implemented leading to the creation of new departments for the better management of the program.
- We started and completed the construction of our first community clinic in Kinawataka as we strive to move our services deeper in the community.
- Mbuya Parish allowed us to reconstruct the parish hall to add a second floor and this will serve as the Reach Out headquarters next year. We started the construction based on hope---without enough funds.
- We secured a grant from Stephen Lewis foundation to construct the Banda community clinic.

Human Resources

- We carried out the first evaluation of our staffs and volunteers.
- A total of 2722 training days to 243 volunteer/staff were given in various programme management and support areas.
- Two department heads started advanced university degrees in programme management and administration (evening courses).

Monitoring & Evaluation

- The four main activities that have taken place in 2005 included securing a funding grant for development of unit activities, recruitment of qualified personnel, the development of an annual work-plan for developing a participatory M&E process at Reach Out, initiation of work on a comprehensive management information system (MIS); and completion of a Reach Out client master list.

Communication

- Over 700 visitors visited us from a number of organizations - among them was the King of Buganda and UNAIDS Executive Director.
- A Hope for the Future Reach Out documentary/video was made by one of our expatriate volunteers.
- Reach Out took part in a documentary "Beating the Drum" on Uganda's response to HIV/AIDS.
- A handbook *"Replikit – How to start and develop community-based programs in HIV/AIDS support and treatment: the experience of Reach Out"* was developed and produced. This manual is made to help other communities who want to start an HIV/AIDS programme or further develop their present activities. It is now available on order at the website and at the Roses shop.
- A *Hope for the Future* calendar for 2006 was made and is now available on order at the website and at the Roses shop.

Finance

- The total amount of all income of our donations, grants, income generating activities, and in kind donations of ARV drugs and World Food Program came to a **grand total of UgSh 3,043,559,854 or US $ 1,690,866.** Donations and grants accounted for UgSh 1,627,429,604 (US $ 904,127) Sales from our income generating activities came to UgSh 70,223,650 (US $ 39,013) the value of the ARV medicines given to us came to UgSh 947,503,600 (US $ 526,390) the value of the food given by the WFP is valued at 398,403,000 (US $ 221,335)
- The total amount of funds, in kind donations, medicines, and food we have used to care for Reach Out's nearly 1900 clients----came to a **grand total of UgSh 2,943,817,522 (US $ 1,635,454)**
- Operational expenditures amount to 83%, Capital expenditures to 9%, and administrative costs, 8%.
- 41% of operational expenses were spent on the life changing ARV's drugs and modest stipends of our ARV Coordinators. The next highest operational expense was the monthly food supplies from the World Food Program - this accounted for 17% .

MEDICAL SUPPORT SECTION

The Medical Support Section encompasses the Counselling Department, the Clinic and Reception, Treatment Implementation Unit (T.I.U), Medical Training and Pharmacy.

STAFFING

Activities of the medical support programme are coordinated by a medical coordinator who works hand in hand with the departmental coordinators to ensure that quality services are rendered to our clients. (see organogram under HR section)

In a bid to ensure close and quality follow up of clients in the different treatment categories so as to maintain good outcomes , the T.I.U was formed in the third quarter of the year.

With the increasing number of new clients enrolled and in anticipation of shift to the satellite site in Kinawataka there was need to recruit more clinicians. The number of full time doctors has doubled from 2 in 2004 with one doctor, a fellow from the IPH/CDC/fellowship program joining in January 2004 mainly involved with public health issues. A VSO doctor from the USA joined in May 2005 and a Ugandan doctor joined in October 2005 mainly for clinical care. Dr Margrethe, the project coordinator is heavily involved with clinical care. Like wise the number of nurse clinicians has increased from 17 in 2004 to 21 in 2005. Of the nurses 13 do clinic consultations, 3 work in the pharmacy, 4 work in the T.I.U department, and 1 works in the counselling section. In addition 6 trainee nurses and 1 trainee clinical officer were recruited during the 2nd quarter of the year.

The nurses at Reach Out have are trained as nurse practitioners and have built a wealth of knowledge through ongoing continuing medical education (CME) every Wednesday and Thursday between 8.00am to 10.00am and ongoing peer education among clinicians during clinic.

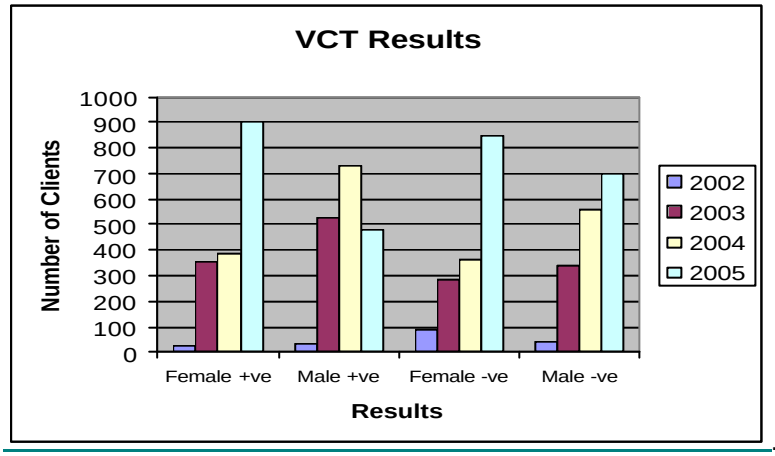
The counselling department has 5 trained counsellors and 5 counselling aides.

The pharmacy has 3 nurses and 3 pharmacy aides.

The reception is composed of 10 records staff

COUNSELLING DEPARTMENT

Summary graph reflecting the clients who tested by gender and test result 2002-2005



The counseling section has continued to receive an increasing number of clients for VCT since 2002 as shown in this graph. Like in many aspects of the programme male involvement continues to be lower than the females. In 2005 only 40% of the VCT recipients were male

During the year 2005 Counselling section received a total of two thousand nine hundred twenty four (2964) clients for voluntary counselling and testing (VCT). Out of these, two thousand nine hundred twenty five (2925) tested and received their results while thirty nine (39) declined to take an HIV test. The distribution by gender and test result by quarter during the year is detailed here below:

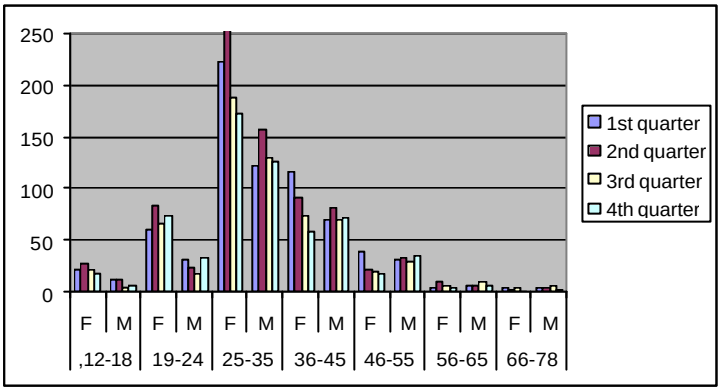
DISTRIBUTION BY GENDER AND TEST RESULT BY QUARTER DURING THE YEAR 2005

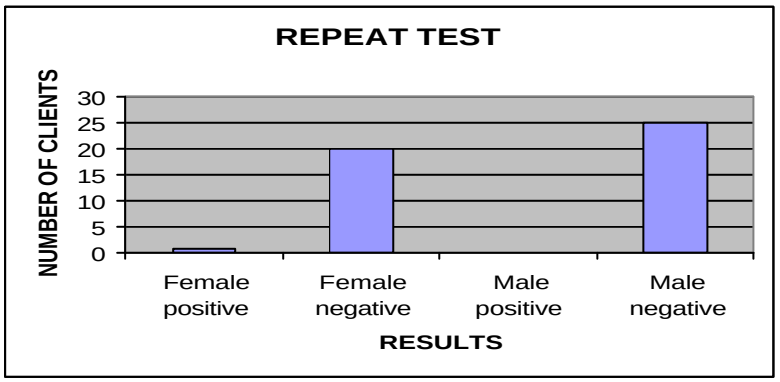
1st quarter	Male positive	116	42.3 %	Male negative	158	57.7%	274
	Female positive	260	56.5 %	Female negative	200	43.5%	460
	Totals	**376**	**51.2 %**		**358**	**48.8%**	**734**
2nd quarter	Male positive	137	44.1 %	Male negative	174	55.9%	311
	Female positive	258	52.%	Female negative	238	48%	496
	Totals	**395**	**48.9 %**		**412**	**51.1%**	**807**

3rd quarter	Male positive	91	34.6 %	Male negative	172	65.4%	263
	Female positive	190	49.7 %	Female negative	192	59.3%	382
	Totals	**281**	**43.6 %**		**364**	**56.4%**	**645**
4th quarter	Male positive	134	40.9 %	Female negative	219	59.1%	328
	Female positive	192	46.7 %	Male negative	194	53.3%	411
	Totals	**326**	**44.1 %**		**413**	**55.9%**	**739**

Looking at the above statistics, overall, out of 2925 clients who received their test results 47.1% tested positive. Overall, the positivity rate has reduced over time for the year 2005. This trend has continued as reflected by posistivity rates of 63% in 2003. Out of those who tested positive 65.3% were females.

The majority of our VCT recipients fall in the age group 25-35 as illustrated in the graph below





Clients taking a Repeat test:

All clients who test negative are required to r for a follow up test after three-four mo During the last quarter 413 clients tested nega Forty-six retested after three to four months results are as shown in the graph: -

Only 11 % of the VCT clients who tested negative during the last quarter returned f follow up test This demonstrates the nee evaluate our post-test counseling for the negatives.

Couple testing

Overall 120 couples were registered for VCT. 51 **(42%)** of these were found discordant (one partner is HIV+ and the other HIV-). This mirrors the overall country statistics of 50% couples in discordant relationships. It also demonstrates the crucial importance of tailoring prevention messages and activities to couples. Our Friends For Life Department has already embarked on this –see section FFL 49 were concordant positive while 20 were concordant negative.

ON GOING (FOLLOW UP) COUNSELLING
Four hundred and six (406) clients were followed up during the year on the following pertinent issues: -

Issues addressed	Number of clients
Drug adherence	**101**
Alcoholic problems	**86**
Disclosure	**73**
Social problems	**57**
Couples on different issues	**35**
PMTCT	**28**
Positive living	**9**
Domestic Violence	**7**
Missed appointments	**5**
Suicidal tendencies	**4**
Fear for ARVs	**1**

Collaboration with other HIV/AIDS and training institutions

- Six counsellors visited six HIV/AIDS day care centres to share information and experiences in this field; We also established ways to liaison with these organizations especially for official visits for which the use of introductory letters was suggested..
- During a workshop organized by bible society, counsellors were encouraged to discuss issues on HIV/AIDS in relation to Christian values i.e. when providing HIV/AIDS information, counsellors should use biblical approaches.
- Thirty six (36) students from different counselling training institutions carried out their practicum at Reach Out.

Teenagers meetings and indoor games:
Twenty five (25) Reach Out client-teenagers formed a club under the guidance of the counselling section after realizing the need to bring HIV infected teenagers together. Their meetings have been on Saturday after noon, during which they discussed + devised strategies to fight stigma and discrimination, discussed Issues surrounding reproductive health and drug abuse.
Reach Out bought indoor games for the club, which is a motivation for the teens to attend meetings.
A group of teenagers visited Mulago TASO drama group, which presented educative music and drama to them. Following this visit the teens were motivated to start up small income generating activities which will greatly help the school drop out youth clients keep busy and enable them earn a living.

Health talks:
Counsellors, Nurses and *Friends for Life* under the lead of counselling section, conducted health talks throughout the year on clinic days. Topics covered included hygiene and sanitation, nutrition, PMTCT, dangers of alcoholism and drug abuse, dangers of conceiving in the HIV positives, and sexual abstinence and safer practices.

Clients risks and needs assessment:
Seventy-six clients were randomly seen through out the year purposely for risky behaviour assessment and thirty clients were found to be at risk of HIV re-infections and perhaps infecting others through risky sexual practices. Some of the influencing factors were found to be: Alcoholism, Forced sexual relationships, Holy book laws (religious rules) which are against the use of condoms and poverty which leads young women to resort to commercial sex.

One hundred three (103) and ninety (90) clients of Mbuya and Banda respectively attended the meetings for needs assessments organized by counsellors in conjunction with a student from Makerere University; Issues discussed included financial constraints, fear for sicknesses and early death. Solutions suggested included establishment of small-scale Income generating activities. However, those who were successful in managing small businesses encouraged their colleagues not to underrate any money earning job, seek treatment as much as possible so as to reduce mortality rates, and also seek medical personnel's guidance.

Couples workshop:
Sixty one (61) couples which included both concordant and discordant couples, turned out for the workshop where issues discussed included:

- The importance/benefit of disclosure
- The causes of discordance and challenges faced
- Mother to child transmission and its prevention
- The importance of faith in the family life
- Alcoholism and domestic violence

Methodologies used included; group discussions, presentations, and general discussions during which many ideas were generated in response to above listed issues. At the end the group that gathered at the beginning of the forth quarter, agreed to meet every last Saturday of each month for experience sharing.

Alcoholics anonymous club:

So far Thirty six (36) Reach Out clients have joined the club. They attend meetings at Reach Out on Thursday, every week. Every Tuesday a few of them attend meetings at Christ the King Church for alcoholism experience sharing. During the meetings they discuss issues surrounding alcohol and other forms of drug abuse in relation to their health.

However, only fourteen of the clients have been regular in attending these meetings. Five of the clients claim to have stopped drinking alcohol completely and were started on ART after three months probation. The counselling and ARV team have agreed to maintain a triangle structure system, which emphasizes on three months probation under intensive follow up for alcoholic clients.

Capacity building activities:

A number of staff from the counselling department underwent training and a full report on this can be found in the medical training section.

CLINIC DEPARTMENT

This is another year of success for Reach Out as it renders holistic care services to HIV/AIDS clients using a nurse based approach. We continuously strive to improve the quality of life of our clients using cost effective strategies.
At the beginning of the year 2005 we had a total number of 1452 active clients enrolled in the program, and by the end of the year we had a total of 1891 clients. During the year some of our clients left the program due to unavoidable circumstances hence lost to follow up. Other clients were referred to other centres while some of them moved outside our catchment area. The outcomes are summarized in the table below.

SUMMARY OF OUR CLIENTS IN 2005

`Month	New	Left	Died	Active
JAN	97	5	13	1531
FEB	112	42	7	1594
MAR	101	9	9	1667
APR	107	77	6	1701
MAY	120	3	10	1808
JUNE	102	25	13	1788
JULY	67	101	12	1788
AUG	95	16	15	1852
SEPT	62	64	10	1840
OCT	77	30	6	1881
NOV	77	73	13	1872

DEC	73	49	5	1891
Totals	1090	404	113	

Note: 1 client that had previously left came back in December making the number of active clients at end of December to become 1892.

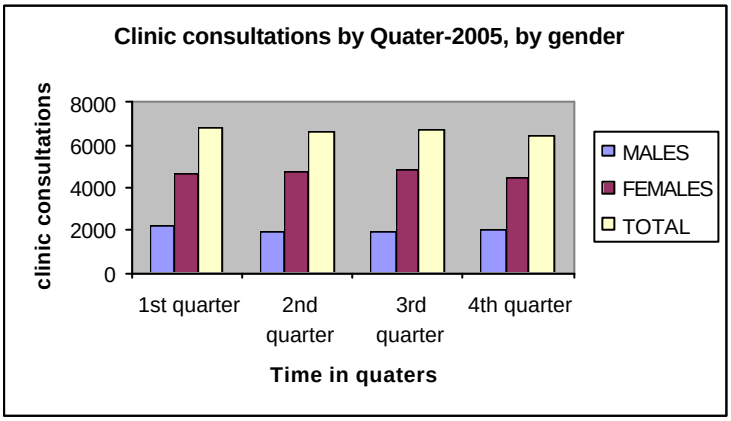
Our clinic activities continue 3 times weekly at Mbuya church hall (Monday, Tuesday and Thursday) and once, Fridays at Banda Catholic Church. Each village is allocated a clinic day for follow-up during the relevant clinic days the community supporters are present to ensure communication with the clinic. These activities include: Registration & triaging of clients by record clerks with the support and supervision of a clinician. consultation including prescription, diagnostic and proper referrals, home and Hospital visits every Wednesdays, health education for clients every clinic day between 8.30am to 12.00pm Yoga.

Clinic consultations

The total number of clinic consultations this year (21,184) was only slightly lower than the total consultations in the year 2004 (21,281). This insignificant change in the number of consultations by year, in spite the increase in active clients enrolled for care at Reach Out may be a reflection of the triage system introduced in the fourth quarter of 2004. This system puts greater emphasis (and hence require more clinic consultations) on those who are newly enrolled, and clinically or immunologically vulnerable. The work load in the clinic is redistributed ensuring more efficiency, ensuring that those who need the most clinic follow up receive it, and those who need less receive more support through the various community support outlets. To this effect most of the clients on ART have an improved quality of life and their appointments are triaged by 2 –3 months, likewise all clients with CD4 above 500 are screened for TB but are also given longer appointments.

Overall the waiting time for the clients has reduced and clinic ends about 3.00 pm on average, where we used to end at 6.00pm. The average number of times a client is seen per month has reduced from 2 in 2003 to 1.2 in 2004 to 1 in 2005.

Below is a summary of clinic consultation by quarter and by gender



Women (70%) still continue to be the main recipients of our consultations.

Evaluations

All clinic staff were evaluated in the second quarter and categorised into the following: senior, core, general and trainee based on a standard evaluation criteria. Following the evaluations one clinical officer was discontinued from volunteering. A total of trainee 6 nurses and a clinical officer were enrolled. 3 nurse clinician left for further studies during the year.

Training:

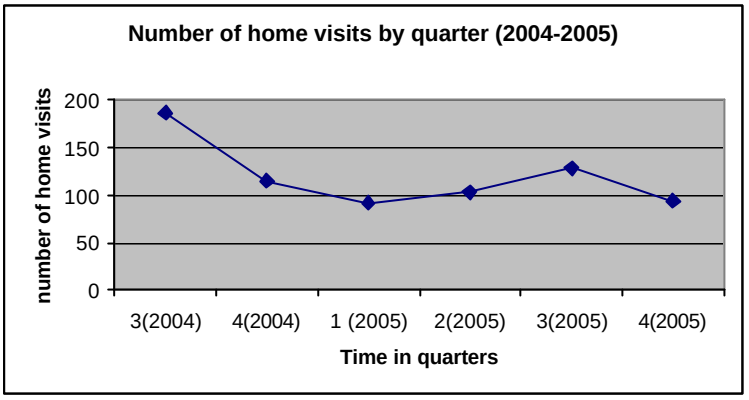
For purposes of capacity building, training of clinicians is essential and has been ongoing. This has contributed to improved quality of life of our clients as seen in reduced percentage death rates.

We are still providing hands – on training for the recently recruited Nurses and clinical officer, and on-going training and sharing of experience for all. *For more details on training please refer to the section on medical training*

Home visits

Home visits for clients who are too ill to come to the clinic every Wednesday weekly. Furthermore, unscheduled emergency home visits are made to clients per need depending on reports from the community supervisors.

A total of 417 home visits were made in 2005. The most common clinical conditions for which home visits are made remain TB and cryptoccocal meningitis. Some clients are temporally bedridden following Immune Reconstitution Syndrome.



Although the number of clients enrolled increases, the numbers requiring home visits has remained stable because with the scale up of ART there is improved quality of life. Most of the clients requiring home visits are in WHO stage 3 and 4. They are poor and seek treatment late.

Diagnostic:

Although we emphasize presumptive treatment for many febrile illnesses especially where the symptoms are overt, for some clients diagnostic laboratory investigations are required.

Routine screening for Tuberculosis is done for all clients before initiating ART and Cryptococcal meningitis screening is done routinely pre ART for client's whose CD4 counts are below 100.

We are in the process of equipping our Laboratory in Kinawataka. Below is a table detailing the investigations we are able to carry out in-house and those we carry out in other Laboratories.

Table below shows the common investigations done.

REACHOUT	OUTSIDE REACHOUT
Blood slide	Liver function test (private Laboratory
Stool analysis	Renal function test (private Laboratory
Urinalysis	CrAg test (private Laboratory)
Toxo rapid screening test	CD4 cell count. (CDC Entebbe)
Modified ZN	CXR (Kiswa health centre)
ZN staining for AAFB	
VDRL	
Pregnancy test (HCG)	

Referrals

We still refer our clients to Mulago Hospital and Butabika hospital for further management. We have continued to work with Hospice for pain management, as we make the necessary plans to get morphine at our own centre starting early 2006.

Success

- On 15-11-05 we finally started operating at our new satellite clinic in Kinawataka. We have created changes in clinic days for various community areas so as to utilize more of the new premises.
- We have managed to fight stigma around our catchment area as exemplified by the ever-increasing number of new clients enrolling for our services and the number of clients disclosing their status at the community level.
- We now have an on site laboratory which we are in the process of equipping.
- Clients continue to receive health education as they wait to be seen by clinicians each morning.

Challenges:

- Training of the new staffs in the clinic is challenging as we try to expand to meet the growing numbers.
- Scheduling clinic activities to meet client's needs, and taking into account activities of the whole organisation.
- Most of our new clients come in for medical care in stage 3 or 4 hence need for extra care and support services
- Waiting time between drawing specimens and test results are long, Moreover quality assurance is a challenge since you have no control of a lab that is not directly under your supervision. *A challenge that will no longer be as we equip our in- house laboratory.*

Recommendations

There's a need for provision of a computer for both clinic and medical training activities as we encounter a lot problems in sharing computers with other departments causing delays in our activities.

Future Plans:

- Discussions to start a paediatric clinic through the family based approach is ongoing.
- The Ministry of Health / WHO - Uganda are in close collaboration to promote staff training in the integrated management of childhood illnesses. We hope to start training in the next quarter
- Continuation of Continuing Medical Education CME/CNE bi- weekly.
- We intend to get a second lab assistant so as to meet the demand for laboratory investigations in all the sites for both clinic activities and VCT.
- Further improve record keeping especially with laboratory issues.

Compiled by Nantondo Rebecca, Clinic Coordinator and team

TREATMENT IMPLEMENTATION UNIT

The ARV and T.B departments were operating independently until September 2005 when the two were integrated to become the Treatment Implementation Unit. The Unit has 3 sub-sections: ARV, T.B and PMTCT each headed by focal persons who are nurses. Overall coordination is done by a nurse assisted by a part time doctor. The main function of the Unit is to monitor all clients receiving treatments (ARVs, T.B, OIs and HIV Prophylaxis).
The Unit has engaged in several activities in collaboration with the Community Network of Care to ensure that their goal of contributing to the improved quality of lives is achieved. Below find the statistics per section.

ARV Section:

The ARV program has continued to expand since it started offering free ARVs in 2003 through the three main sources i.e. JCRC, PEPFAR, GOODWILL and with the recent sponsorship in February 2005 from M.O.H through Global Fund for HIV, TB and malaria (GFATM).
At the end of December 2003 there were only 105 clients on ARVs. By the end of December 2004 we had a total of 545 clients on ARVs. At the end of December 2005 we have 818 clients. The greatest increase occurred in 2004 because of the PEPFAR/CDC funding which started in March 2004
The main criteria for recruitment is still based on CD4 count with the lowest CD4 counts and WHO clinical stage four being high priorities. Other activities e.g. CD4 screening and monitoring, giving ARV education to both clients and caregivers, individual counselling, ongoing adherence counselling, prescription counselling, initial home assessment and follow-up visits and enrolment of new clients have continued throughout the year.

ARV SUMMARY table Jan-Dec 2005

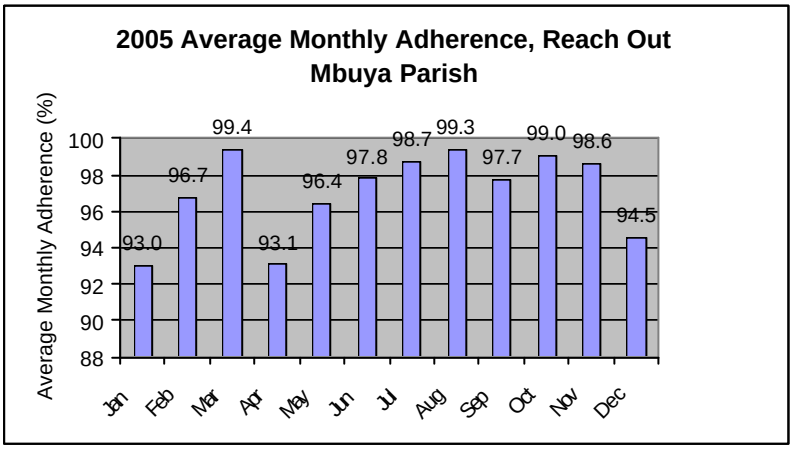
Month	Started New	Defaulters (Lost to follow-up)	Physician Stopped	Transfer to Other centres	Deaths	Re-Started	Drug Holiday	Total Active
January	+31	-2	-3	0	-4	+3	0	570

February	+17	-1	0	0	-3	+2	0	585
March	+22	0	-1	0	-2	+1	0	605
April	+39	-8	-1	0	-2	0	0	633
May	+51	0	-2	-1	-1	+1	0	681
June	+48	-11	-2	-1	-7	0	0	708
July	+31	-6	-4	-1	-5	0	0	723
August	+41	-16	0	-3	-5	0	-1	739
September	+55	-7	-3	-2	-1	+2	0	783`
October	+19	0	-3	-2	-2	0	0	795
November	+30	-1	-1	-1	-7	0	0	815
December	+8	-2	-1	-1	-1	0	0	818
Total	392	-54	-21	-12	-40	9	-1	

Of these 818 at the end of 2005, 4 clients are on second line regimen while the rest have been maintained on first line regimen. It can be seen that in the 12 months we have had 392 new clients start ARVs.

Adherence

Adherence is a very critical factor in ART, and we capture adherence at every opportunity, at the clinic, at the pharmacy and at the clients homes through the CATTs. Below is a graph representing our average monthly adherence over the year.



Our average adherence over the year remains good. Jan, April and Dec had relatively low adherence because there were a few clients with poor adherence. Overall 80% of clients had adherence >95%

CD4 count distribution for new clients eligible for ART (Jan –Dec 2005).

Months	Total new clients	<100	101-250	Percentage eligible for ART (i.e. CD4<250)
January	80	23%	28%	51%
Feb	85	24%	15%	39%
March	102	18%	23%	41%
April	78	21%	26%	47%
May	103	24%	26%	50%
June	106	19%	29%	48%
July	93	24%	29%	53%
August	93	24%	24%	48%

September	107	26%	28%	54%
October	68	19%	29.4%	48.5%
November	71	29.6%	15.5%	45.1%
December	79	17.7%	25.3%	43%

The majority of our new clients present to the program when they are very sick as evidenced by the fact that 47.3% of the clients are eligible for ART. There are no clear trends in CD4 count with time.

TB SECTION

During the 12 months of 2005 we have enrolled 433 clients on TB treatment. 223 clients have achieved an outcome in 2005 (this figure includes many who started treatment in 2004). At the end of the year 2005, we had 210 active clients on TB treatment. These 433 enrolled cases fall in the following categories.

New Case	402
Defaulter	12
Relapse	13
Treatment Failure	6

THE TABLE BELOW SHOWS HOW THE TB DIAGNOSIS WERE MADE IN CLINIC OVER THE PAST 4 QUARTERS OF THE YEAR 2005

Quarters	**PTB Smear +ve**	**PTB Smear -ve**	**PTB Smear Done**	**EPTB**	**Total**
January-march	53	96*		?	149
April-June	20	132*		12	164
July-September	21	34	10	1	66
October-December	11	16	10	17	54
Total	105	298*		30	433

*In these quarters the PTB smear –ve and PTB no smear done cases were not distinguished from each other in the TB register

There has been a dramatic reduction in the number of new smear –ve PTB diagnosis this quarter compared to the previous quarter. This may be due to the increased emphasis in the clinic on using sputum testing as much as possible in confirming a suspected diagnosis of PTB. This means that fewer TB diagnoses were made based on suggestive CXRs only but with little or no other clinical evidence of TB.

The number of EPTB diagnoses have increased markedly in the last quarter. This increase of EPTB diagnoses in October-December quarter is due to the ongoing training on making extra pulmonary TB diagnosis in clinic.

TB TREATMENT OUTCOMES

The table shows outcomes of those clients whose treatment outcome was reached in the year 2005. The number includes all cases of TB, whether smear +ve PTB, smear –ve PTB or EPTB.

	Jan-March	April-June	July-Sept	Oct-Dec	TOTAL FOR YEAR
Treatment cure	20 (50%)	32 (50%)	27 (35%)	40 (30%)	119 (39.8%)
Treatment completed	13 (33%)	14 (22%)	22 (28%)	69 (60%)	118 (39%)
Treatment failure	0 (0%)	5 (8%)	0 (0%)	1 (<1%)	6 (2%)
Died	5 (13%)	5 (8%)	13 (17%)	10 (8%)	33 (11%)
Defaults	1 (2.5%)	5 (8%)	13 (17%)	4 (3%)	23 (7.7%)
Transfers out	1 Not included in %	3 Not included in %	4 Not included in %	6 Not included in %	14 Not included in %
Total	40 (100%)	64 (100%)	79 (100%)	130 (100%)	313

The treatment cure and complete outcome total for the year 78.8% (39.8 + 39). The WHO target of treatment cure and treatment completed total is 85%. For the year as a whole Reach Out did not quite meet this, but for the last quarter we did (90%). We have achieved a remarkably low level of defaulting in the last quarter (3%). The no of transfers have risen and this will be discussed later along with transfers as a whole from the programme.

The improved treatment outcome for TB and ART and reducing numbers who are lost to follow up as opposed to transferred is a credit to the newly established T.I.U.

PMTCT SECTION:

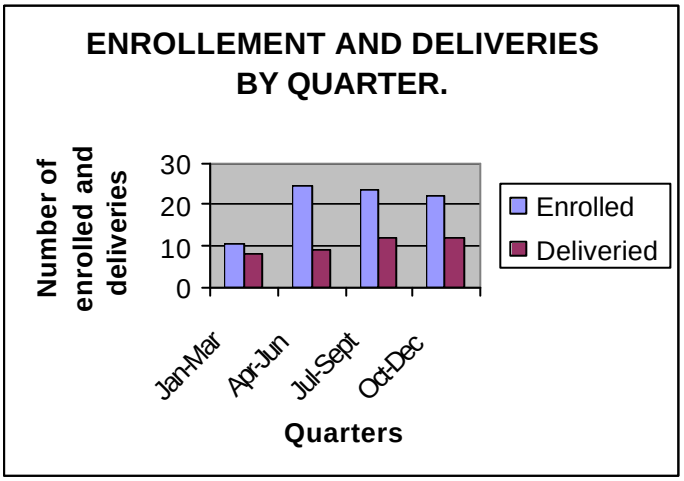
The program has continued with enrolments, couples counselling on PMTCT, infant feeding, immunization, family planning, support of pregnant female clients and follow up of children born to mothers under PMTCT program.

Enrolment:

A total of 82 mothers have been enrolled for PMTCT this year, 22 of whom were on ARVs and 60 were on prophylaxis. On average pregnant mothers enrol at 4-5 months of pregnancy with some enrolling at 7 or 8 months. At the end of December, we had 36 active mothers in PMTCT program (i.e. not delivered).
The number enrolled by quarter is indicated in the table below. Out of 82 enrolled this year, 14 couples attended PMTCT counselling while 68 attended without their partners. 71 of the enrolled mothers were referred to Naguru Health Centre for Antenatal care while 11 opted for other medical centres.

Deliveries:

41 mothers delivered live babies this year, 25 of whom were on prophylaxis and received at the onset on labour a single dose of Nevirapine plus a 7-day course of combivir while 16 mothers were on ARVs already for their own needs. All the 41 mothers gave birth to live infants of whom 20 were male and 21 were female. Of the 41 infants, 40 received a single dose of NVP syrup while 1 did not receive the single dose of Nevirapine syrup as the mother gave birth from home and there was lack of communication after delivery.



The highest enrollments were in the 2nd quarter (25) followed by 3rd quarter (24) and least in the 1st quarter (11). Furthermore, the 3rd and 4th quarter had equal number of deliveries (12) and 1st quarter had the least (8).

Below Is a summary of birth outcomes, PMTCT outcomes, feeding options and HIV transmission outcomes for all deliveries in 2005.

These outcomes are given with reference to whether the woman was on ARVs or prophylaxis only, and the centre they attended.

Birth outcome

There were 41 live births, 2 miscarriages in 2005. There was one formal transfer and no cases lost to follow-up.

PMTCT outcome

Out of the 41 live deliveries, 39 received appropriate PMTCT. There were 2 babies who should have received NVP syrup but didn't. For these 2 there was lack of communication after delivery.

Feeding options

Most of the mothers opted for replacement feeding using cow's milk (46.2%) and exclusive breast-feeding for 3-month then replacement-using cow's milk (30%). It can be seen that none of those on ARVs chose to exclusively breastfeed even though this is probably the safest option for these (with suppressed virus the transmission risk should be less whilst the risks of artificial feeding remain high).

Formula milk is unaffordable to our mothers. There are 9 for whom feeding choice is not known, 5 of which delivered only recently hence the data is not yet collected.

HIV transmission outcomes

The sero-status was not yet known for the majority of the infants (54%). Of these 54% some were not yet 6wks of age (43%) and the rest (11%) had not yet returned to PMTCT dept. with their HIV PCR test results. The 12 infants who had a negative HIV PCR test at 6wks will have a further confirmatory test at 18/12 using the ELISA test, since some may become +ve later from breast milk.

Of the 18 babies with HIV results, there was a transmission rate of 33%. This is higher than hoped for since 33% is the expected rate of transmission without intervention. However 18 mothers is too small a number to conclude a definite ongoing trend of MTCT at Reach Out. It is also too small to make observations on differing transmission rates between those at Naguru with other centres, and between those babies with mothers on ARVs v those with mothers on prophylaxis alone.

Death summary 2005

In this year, death occurred to 109 clients in total compared to 150 in the previous year. This shows an excellent reduction in the mortality rate among clients at Reach Out especially since the no. Of clients in the programme is higher in 2005.

Below find the table indicating deaths by category of treatment Compared to the previous year

Year	ARV	ARV/TB	TB	Prophylaxis	Total
2005	30	10	23	46	109
2004	25	32	49	44	150

The table shows that the no. of clients who died while on TB treatment has reduced tremendously. Also the number dying whilst on both TB and ARV drugs has reduced.

Of the 40 clients who died on ARVs in 2005, 17 had a low CD4 count of below 100, while a total of 23 clients had CD4 count of below 200. This shows that 57% of clients who die on ARVs at Reach Out are those with low CD4 count of less than 200.

Out of the 40 clients, 27 of them had been on ARVs for less than 4 months while 9 of them had spent over 1 year on ARVs. It is clear that those who have been on ARVs over 4 months are much more likely to survive than clients new on treatment.

Causes of deaths

Out of the 109 deaths that occurred this year, the causes of death have been as follows;

Anaemia-16, PTB/TB periarditis-15, Toxicity due to various causes–21, Respiratory failure -3, Kaposi's sarcoma -3, Cryptococcal meningitis-13, Pneumocystis pneumonia-2, Severe dehydration + wasting -3, Toxoplasmosis-1, Stroke –1 and Unknown cause-28.

Looking at the above data it shows that majority (i.e. 28 of our clients) died due to unknown causes. This is often because they die in the village. However, the most common cause of deaths occurred due to, anaemia, TB, and drug toxicity.

SUMMARY OF THOSE WHO HAVE LEFT THE PROGRAM.

In this year a total of 463 clients left the program as indicated below according to treatment category. Of these 66 were on ARV, 32 on TB and 365 on prophylaxis.

Reasons for leaving the programme.

- Confirmed HIV negative -13 (data from July to December)
- Formal transfer to other medical centres -26 (this refers to clients on ARVs and TB only)
- Loss to follow-up (i.e. defaulters) -418 (this is mainly because clients move outside catchment area or move back to village due to social problems or with the country wide scale up of ART clients simply get close home to access treatment. It was discovered later that 6 clients in this group later attended other ARV treatment centres).

Achievements

- Adherence has been very good through out the year as a result of good pre-ARV education and proper follow up-see M&E section for figures.
- Of our 818 clients on ARV, 814 are on 1st line regimen. Only 4 are on 2nd line regimen. These four clients joined the program while already on ARVs which they had to buy themselves. It is therefore more likely that adherence was sub-optimal with viral resistance occurring as a consequence.
- Workshops were conducted twice this year for all clients on ARV, TB and mothers under PMTCT program.
- Refresher course was conducted once for CATTS early this year.
- In February, Reach Out became one of the beneficiaries of Global Fund through the MOH.
- Two workshops of PMTCT were attended by the focal person.
- All the PMTCT mothers were enrolled on WFP until their infants are 18 months of age.
- At the moment PMTCT coverage of enrolled women is almost 95%.
- The TB program is reaching the WHO targets by the last quarter of 2005.
- Increasing numbers of clients are having formal transfers whilst on ARVs and/or TB treatment as a result of increased education on how to leave the program correctly.

CHALLENGES & WAY FORWARD

- Clients brought to the programme by relatives who live within the catchment area usually tend to move back to their home area, resulting in lost to follow-up. Sustained education to these clients will encourage formal transfers rather than defaulting.
- Due to scaling up of ART in the country, some clients move & continue with medical care (ART) from other medical centres without notifying us. However the no. has reduced considerably due to strong communication between TIU and community network of care.
- Despite counselling, some mothers fear to know the sero-status of their children. Some mothers deliver from home without communication to the T.I.U and as a result, their babies do not get NVP syrup in time.
- Male involvement in PMTCT is still a challenge as most of them failed to turn up for couple PMTCT counselling.
- Recording of cause of death needs to be more specific. i.e. those who are said to have died of toxicity, we need to decide if the cause was drugs and whether or not sufficient clinical precautions were observed in these cases

Submitted by Betty Olwoch and TIU team

PHARMACY DEPARTMENT

The Pharmacy has been busy as the number of clients enrolled continues to increase. As the number of clients increased, the demand for drugs also increased, especially prophylaxis of Cotrimoxazole, vitamin B complex, and panadol. The cost of drugs has increased to 57,030,485 when compared to the 2004 costs, which was 9,034,850. The table below shows the number of clients served per quarter during the year.

Total Number of clients served in the year 2005

1st.Quarter	2nd. Quarter	3rd Quarter	4th, Quarter	Total
6125	6710	6662	4752	24249

Our main activities include; issuing drugs as prescribed to clients, receiving and recording all the drugs that come to the pharmacy, ensuring proper storage of drugs and stock taking which is done monthly before any new purchase is made.

As more clients are put on ART, there is improved quality of life. These clients now have clinic appointments from 4 weeks onwards requiring a proportionate increase in quantities of drugs packed and dispensed per patient per visit. This requires an improved forecasting to avoid stock outs.

Successes:

- With improved skills and experience in drug managing and as a strategy to improve efficiency and accountability the overall drug management which will include prophylaxis, TB and ARVs has been centralized
- Following introduction of ARVs we have seen a marked decrease in drug expenditures for opportunistic infections in spite of significant increase in client number.

Submitted by Korina Otine and Pharmacy Team

MEDICAL TRAINING DEPARTMENT

Training continues to be the mainstay in capacity building for the volunteers of Reach Out. This is done after training needs assessments by the respective department heads who make the assessments through observations and face-to-face interviews. Some of the training needs are identified through job evaluations. Which are then followed up and planned for. With effect from October 2005, following our restructuring process the Medical Training Department was opened so as to strengthen the medical team and overall program awareness in HIV treatment care and support.
Reach Out continues to emphasize continuing training of our volunteers and staff. In 2005 a total of 1441 training days were provided in the Medical Support Programme. In the table below the summary of training days provided is given.

In Annex 1 you will find the detailed description of courses.

Table estimating amount of time in hours spent by volunteers in training.

Person Training days provided for Reach Out medical staff/volunteers

Cadre	Internal training	External training	Total	Average # training days/volunteer
Clinicians	718	72	790	27
Counsellors	123	261	384	38
CATTS	250	17	267	6

* this does not include 5 diploma courses provided for volunteers

For a more detailed breakdown on training see annex 1.

Volunteers who completed professional courses during the year

Category trained	Course	Awarding institution	Duration
Clinician	Child counselling	Mildmay International Study Centre (MISC)	12months
Clinician	Care and Management of PLWHAs	Mildmay International Study Centre (MISC	18months

We continue to receive placements from residents mainly from University of California San Francisco, but also from other medical schools in the US and UK as well as a university in Japan. Moreover, we received trainees from sister organizations in Uganda for placement mainly in the clinic and counselling section. This year a total of 703 person training days were provided for external trainees. For details please see Annex 1.

Training achievements during the year:

- A graduation for volunteers who completed their training sponsored by Reach Out VLDP (virtual leadership development programme and Human Resource/Personnel, Child psychotherapy and counselling.
- We have established collaboration with IDI Mulago, through placements
- Two groups of our Nurses underwent a two weeks' training of trainers course in teaching skills for adult learning and all completed successfully. This empowers us with the capacity to carry out concurrent trainings within Reach Out and for sister organisations.
- In the first quarter, 2 Nurses from Kiwoko Hospital completed a two months course on Comprehensive HIV care with us..
- The first external CATTS training in Home Based Care at Reach out was carried out in the second quarter and was successful.
- Another Reach Out Volunteer sponsored by Reach Out has successfully completed his Diploma in Program Planning and Management.
- Two CATTS completed a 3 weeks training course in HIV Counselling and Guidance.
- In July, one Nurse completed an 18 months course in the Care and Management of PLWHAs.
- A Medical Training Department was created and is headed by Evelyn Eleku (formerly Clinic Coordinator). Initially, all trainings were coordinated by one person and we hope this will be a lot easier to run. We now have General Training under our Human Resource Department.
- In October, we received a variety of booklets on Comprehensive HIV care from Ministry Of Health, Uganda.
- We also observed a better quality of care given to clients by the clinic team as a result of ongoing medical education and case presentations.
- In December, we also received some literature from Paediatric Infectious Disease Clinic (PIDC) Mulago, on paediatric medicine. We hope to receive others on paediatric HIV/AIDS care next month. The literature is based on Integrated Management of Childhood Illnesses (IMCI). We are indeed grateful for this support they have offered us.
- In late December, we finally got a projector, which will ease training sessions carried out at Reach Out as a whole.

Challenges.

1. Lack of space for training remains a problem since even the areas we used to improvise have been used by other departments due to increased number of activities at Reach out. Sometimes we have to hire a training room to carry out some of the trainings hence increasing on expenditure.

Future plans

- Ongoing CME for all the clinic team, every Wednesday and Thursday.
- Continuation of special training sessions every, for the Nurses who joined the clinic team in August this year.
- We are compiling notes to come up with the training manual for the six- month training
- Early next year, we also plan to carry out applied computer training for beginners in the Medical support section, with priority given to those that need the skills most in their daily Reach Out activities.
- In the first quarter of 2006, we plan to carry out training on Paediatric HIV care as we scale up comprehensive HIV care for our index clients' children in the nearest future.
- Initiate a child-counselling course in January 2006 in line with paediatric HIV care in the nearest future.

Prepared by Evelyn Eleku, Medical Training Coordinator

COMMUNITY SUPPORT SECTION

The Community Support Program enhances the medical support programme by providing social support, basic food, and community sensitisation and ensuring a link between the medical programme and its implementation down to the household. It is comprised of three sections:

Friends for Life: Community mobilization and sensitization	*Community Network of Care* Home-based support for clients on ART and TB medication	*Food Program:* Basic food support for weak clients

FRIENDS FOR LIFE DEPARTMENT

During the year 2005, Friends for Life operated three main programmes:

- **The Community Programme** aims to sensitise adults and youth out of school about HIV, stigma, malaria, and family issues
- **The Schools Programme** aims to sensitise secondary and primary school kids about HIV and equip them with life skills
- **Adult Literacy** seeks to help clients communicate with their doctors and to increase literacy in the community

The Community Programme:

Good Samaritan: This program intends to foster a spirit of concern for others. Some projects included cleaning public places, digging wells, and developing common funds to help needy people in the community. We also have a vegetable growing project, which unfortunately has not done well this year, as the weather did not favour us. However, Giza-Giza community put in an extra effort to water the garden and was able to reap some fruits.

With Good Samaritan, we also held sessions to equip parents with skills for talking to their children about HIV. Other sessions addressed women's rights and encouraged them to develop effective approaches to communicating with their husbands. Good Samaritan meets weekly in seven different communities, **reaching 812 people** this year, most of whom were women.

Operation Gideon: This group developed in response to men's consistent failure to attend Good Samaritan meetings. Since African culture accords a lot of power to men, it is important to sensitise them alongside their wives. As such, we

developed a program targeting men only. This program seeks to help men become responsible parents, work together with their wives, and join in the fight against HIV.

* On 1st October, we organized a one-day retreat for all men engaged in our program to share experiences and discuss *the individual role of each man in the spread and prevention of HIV/ AIDS.* **176 men participated.**

* On 10th December, we held a couples' retreat to look at the causes of misunderstandings and how to develop healthy communication in couples. The participants were a mix of married women from the Good Samaritan group and married men from Operation Gideon, and **there were 447 people in al**l. This retreat launched a new program geared at couples, called *Couples for Life,* which we will continue next year.

Youth Out of School Programme: This program seeks to sensitise youth out of school about HIV and encourage behaviour change. It concentrates on holiday seminars, community sensitisation activities, and sporting events.

Football and Netball leagues:* These leagues were created as a way of engaging the youth. The 7 football teams and 6 netball teams represent 7 communities and **involve 164 players. The season ended with a tournament in December and trophies were awarded.

* *Youth Groups:* Each youth group attended three-day-long behaviour change seminars twice this year. One of the youth groups has recorded their first album, entitled *"**MMUKOYE"*** (translation: "fed-up with her**"**). They sing about family conflicts and how to solve them. In total, we have 5 youth groups, **reaching 734 youth in all.**

The School Programme:

In the Schools Programme, Reach Out facilitators make weekly visits to primary and secondary schools to give presentations on HIV and behaviour change. At the schools, we sensitise the students using participatory discussion, music, dance, and drama. **In all, we reached 1512 students in 13 different schools.**

Some examples of topics we discussed this year are:

- *The Road of life:* This session intended to help students set and stick to their goals in life.
- *Being a Girl Being a Boy:* This session intended to help students discover and appreciate their sexuality.

Music, Dance, and Drama Festival: In June, we hosted a festival for primary and secondary schools as a way to familiarize students with our message on HIV prevention and behaviour change. The theme for this year was *"How Can Students Prevent HIV/AIDS and Keep the Promise**".*** **The competition attracted 8 primary schools and 4 secondary schools, with a total of 366 participants**

Adult Literacy:

This year, the Adult Literacy team has made significant improvements in the scope and quality of their work. The department has been restructured around the principle that learners should be gain literacy skills beyond being able to express their health problems to their doctors. We believe they should be equipped with basic writing and reading skills and be able to make handcrafts to enable them make ends meet.

To realize this vision, Adult Literacy has:

- Created a more intensive educational environment by reducing the teacher-student ratio to 1 : 5
- Instituted a level system in which learners are grouped according to their academic abilities
- Developed a peer-to-peer system in which more advanced learners work alongside new learners
- Trained teachers in techniques of adult learning

Adult Literacy meets every day with 53 learners.

Future Plans:

Couples for Life: For the past quarter, we have been developing a program geared at couples. Continuing the momentum from the December Couples' Retreat, we will begin meeting couples to discuss and share their individual experiences. We hope to foster feelings of shared responsibility between parents, deliver couples with skills for communication and negotiation, and encourage positive mentorship of children in order to reduce the risk of HIV transmission.

Developing curriculum: We are also looking forward to developing full syllabi for our Schools Programme and Community Programme.

Choir: We are in the process of establishing a choir to entertain the community with HIV/AIDS messages.

Challenges:

Reaching men: While Operation Gideon has made strides in reaching men, we still face the challenge of involving men in the fight against HIV. Men can only meet over the weekends because they usually work, and we often can only find them in their drinking places. We hope to get men meeting on a more regular basis. In addition, while we have opened a good dialogue with the men, we still have a lot of work to do to convince men that women are equal and should be respected.

Equipping youth with skills: It is now approximately two years since we formed youth clubs, but we are faced with a challenge of equipping these youth with technical skills to enable them to earn money. Because idleness is one of the root causes of risky behaviours, we can't fight the spread of HIV without also addressing unemployment and lack of schooling amongst the youth.

Materials: We lack music, a public addresses system, and a generator to make our presentations livelier. The aspect of music, dance, drama, and video are crucial for getting our messages across.

Amidst all this, one thing keeps us going: we still have the hope in the future, and we all have a second chance, which is now. Thanks to all those who have helped us reach out to this far!
Submitted by Joseph Byakatonda & Friends for Life Team

COMMUNITY NETWORK OF CARE DEPARTMENT

It is the end of the year and that makes two years of the Community Network of Care in existence.
Community Network of Care is a composition of both clients and Non- client volunteers who are responsible for taking care of all the Reach out clients from within their communities. However, the critical support is given to clients on strong medications like ARVs and TB. Clients on prophylactic treatment are monitored at least once a month. This community monitoring and supporting of clients is very important for both the clients and the project; for the project it gives us a clear picture on the impact of our services as well as helping us to carry out the needs-assessment socially, emotionally and physically among our clients. For the clients it helps them to better understand the need and importance of taking drugs as prescribed in order to realize good drug adherence and hence good health. It also helps the clients to understand that life still remains meaningful even after contracting HIV/AIDS through socializing with their assigned caretakers known as CATT (community ARV/TB Treatment Supporters) and also knowing that there is someone who cares for them hence giving them hope for their future.

With no doubt through experience from our community Network of Care, the community approach is the best means through which HIV/AIDS service providers can achieve good drug adherence and as well providing Impact-oriented services.
Our community Network of Care has 39 CATTS, 9 community supporters (these are assigned to support the bedridden clients with the domestic cores like cooking washing and bathing them), the Central supervisors (the community focal persons in charge of supervising all community activities on behalf of the project) these are five of them in the five villages and the overall coordinator with his assistant. We also coordinate activities of the project in the community but we work more closely with the Treatment implementation unit, clinic, micro finance and others. The network meets weekly in each area and monthly for all area networks to exchange ideas and develop strategies.

Follow up in the community

Currently this Department is supporting and monitoring over 1892 clients. Over 817clients are on ARVs, 210clients on TB drugs and over 865 on prophylactic treatment.

Social support

This is a sub department within the community network of care in charge of assessing the welfare of our clients and distribution of donated items especially the material donations like clothes etc. Destitute clients are given grants sometimes for rent or start small-scale interest-free businesses.

This year we have given out grants worth UgSh 4,040,000 ($2219) in the following category.

Particulars	House rent	Basic needs	Small business	Transport to villages on referral to other service providers	Total beneficiaries
Amount	$1832	$102	$170	$82	**Females= 56 Males= 26**

Our social support department also provides blankets and mattresses to destitute clients.

Since the beginning of September 2005 the Community Network of Care through our social support Department is responsible for distributing emergency food to all our needy clients who are not on WFP food list to ensure that the CATTS recommend the people that they know are in need of food within their communities.

Training and capacity building

The CATTS have proved to be very instrumental in our efficiency and effectiveness as a project and one of them was promoted to be the assistant coordinator of this department. . He has attended a training workshop for Pastoral care and other CATTS have been trained in Home-based care VCT follow up.

Achievements

- The drug adherence is still good at 94% (based on 744 clients) and reports show that there has been great improvement in taking of pills as prescribed by our medical team-this is courtesy of our CATTS work.
- We have managed to mobilize some iron sheets (thanks to Roofings Limited) some clients have benefited from these iron sheets hence improving on their living standards.
- Our CATTS are training the community supporters to become like them in order to boost manpower to handle our rapidly increasing number of clients. This training is an orientation up to when they get full training early next year. The training consists of Home-based care package as well as basic counselling skills
- We have worked closely with the Treatment Implementation Unit (T.I.U) in organizing client workshops for those who are taking ARVs in order to ensure that the clients know the importance of taking drugs constantly and the need to stay in the catchment areas if they are still getting services from Reach Out.
- We are carrying out household assessments for all our clients with low CD4 counts who are yet to get ARVs. This is so because we want to identify clients who are not stable in terms of residence and in the process we refer them to other ARV-distribution centres. This is good for clients in fighting drug resistance due frequent movements.

One of the clients who benefited from donated iron sheets is a widow with three children, her husband had constructed a house and it was not roofed by the time he died.

"To *the Donors and Reach Out, with much pleasure and great joy, I hereby send my sincere thanks and appreciation to you for your empathy you have shown me and the strong support given. Above all, the iron sheets I received were a great miracle because it was not even in my dreams I really believe that the almighty God will never forget his people even if we are sick with HIV. For the love you always show to God's people, I pray that the living God bless and reward you abundantly.*

Yours Alice.

Challenges.

- Some people move into Mbuya Parish to receive our services and after finishing the 6months on ARV treatment shift out of the catchment. This creates challenges in our monitoring mechanisms.
- Clients on strong medications still drink alcohol-this disrupts the effectiveness of the drugs in the body.

- Our biggest challenge still is clients' residency. We are getting many clients brought by their relatives when they are very sick and after a short while, they chase them from their houses. Such relatives have bigger expectations from the project than we can offer. This makes a client feel discriminated. Even those clients, who are residents, keep moving from one area to another, making it hard for us to monitor them. The network though has kept on tracking down this kind of clients.

Way forward.

>In order to minimize on the challenge of dependency, we have embarked on creating community income generating activities and piggery is one of the pilot IGAs we intend to start early next year

> We are going to initiate routine support supervision mechanisms through which the department coordinator, the assistant and the Central supervisors will be working closely with the weak CATTS over the weekends to ensure that they are boosted in their work.

> We are going to carry out refresher courses for the CATTS twice every year.

Submitted by Joseph Ntale, Community Network of Care & Team

FOOD AND NUTRITIONAL SUPPORT DEPARTMENT

Phasing Out Stabilized Clients: The aim of the Food Program is to help people regain their health status and eventually become self-sufficient again. We know our program has been successful when clients no longer need our food support. When the program began in 2002, we had no clear strategy for phasing out stabilized clients and bringing in new clients in need. In 2005, we have addressed this problem by carrying out a survey evaluating the extent to which our clients still need the food support. We found that 250 clients are now self-sufficient and could be phased out of the World Food Program (WFP). As a result of this process, we have been able to offer food support to 250 new clients in need. By the end of 2005 a total of 1,042 clients and their families benefited from the WFP food.

New MOU with WFP: In June, Reach Out signed a new Memorandum of Understanding with the World Food Program. Instead of providing food for 1,500 beneficiaries, we began supporting 950 beneficiaries because the need in the community had temporarily decreased. However, we are now finding that more clients need food support, and we will be amending the MOU to increase support to 1500 clients again. We also agreed to phase out 300 stabilized clients to make room in the program for clients needing support. Another change in the new MOU stipulated that food would be provided for only three people in a household. At Reach Out, we were finding it difficult to support our clients with this reduced amount of food. However, after a meeting of all the partners of WFP in September, it was agreed that this amount was too low, and the amount was increased. It was agreed that these rations would not be changed for a period of 12 months.

This is the story of Isaac Oucha, a volunteer at Reach Out, who has been a beneficiary of the WFP food for three and half years. Here is what he has to say:

"I am Isaac Oucha, 45 years and married, with seven children. Before I came to Reach Out people in my village in Pakwach district had already lost hope in me because of the poor condition I was in at that time. They told me that coming to Kampala to look for treatment was wastage of time. They thought I was only next to death.

But I thank God for Dr. Margrethe and other volunteers of Reach Out who welcomed me and gave me treatment that has enabled me to live up to this time.

At that time my weight was only 47 kg but with the food support from WFP my weight went up and now I am 70 kg with CD4 248. I

am able to feed my family on two meals a day and at the same time pay school fees for my children in both primary and secondary school.

Recently all the volunteers of Reach Out were phased out from food programme. And since that time life has become hard for me. We are now feeding on one meal per day and paying fees for my children next year may be difficult for me since the little I earn as stipend may not be enough for both food and fees.

I am also worried that my CD4 may have to drop down due to inadequate food.

Never the less I do acknowledge the support WFP rendered to me and my family during that time I was weak.

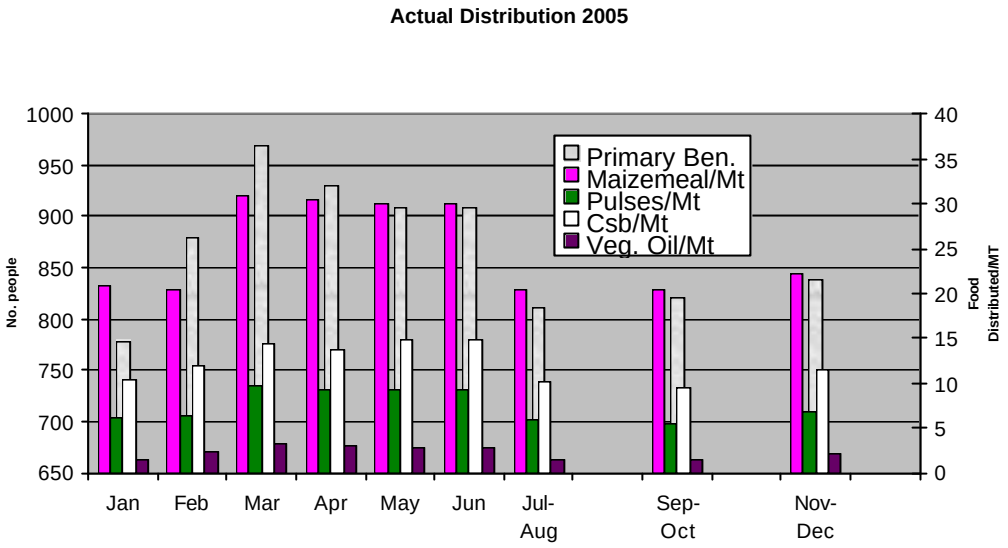
May God bless you in all that you are doing"

Food Collection Rates: During the last half of the year, food collection has been low, with around 18% of beneficiaries not collecting. We believe this was the result of some inconsistency in food delivery that occurred when

the WFP did not have some commodities ready in their warehouse. At Reach Out, we continue to do everything we can to make sure that the food arrives on time.

Total food amounts:

- Monthly amounts received per client and per family member: 150g maize meal, 60g beans, 100g corn soy blended, and 20g oil.
- Total amount distributed this year: 153.9 metric tons (MT) of maize meal, 41 MT of beans, 77 MT of corn soy blended, and 10.3 MT of vegetable oil.



Major Challenges:

- Targeting the right beneficiaries so as to deliver effective services
- Phasing out beneficiaries without causing resentment or ill effects on their health
- Ensure that food is not sold or exchanged for other commodities

Submitted by Peter Paul Igu and Food Programme Team

SOCIAL SUPPORT SECTION

BREAD OF LIFE – MICROFINANCE DEPARTMENT

Program Description

Bread of Life is a micro finance programme in Reach Out HIV/AIDS initiative, founded in 2001. This programme gives loans to Reach Out clients who are suffering with HIV/AIDS and volunteers living in Mbuya Parish community. It is intended to support the clients to start small income generating activities and become self-sustaining. This is a key element in Reach out's Holistic approach. Since inception, we have successfully supported over 1,500 men and women living with HIV/AIDS in Mbuya community including several volunteers of Reach Out and we have observed a steady improvement in people's quality of lives.

Presently 1,151 loans have been given to clients. Repayment rate for the year 2005 stands at 76%. The loans given range from UgSh 100,000 ($ 55) for first time loan seekers up to 500,000 UgSh ($ 275) for a fourth loan. Repeat loans are encouraged, especially for clients with a good repayment record. An interest rate of 10% is charged on every loan

and repayment is expected in 5 equal monthly instalments. In 2005 we have given out an average of 42 loans per month. We strive to achieve 100% repayment rate and always seek ways to improve on the sustainability of this programme.

The year 2005 has kept us in a smooth motion. 501 loans have been given in the year 2005. Analysis shows that no. of loans given in the year 2005 almost doubled compared to year 2003 and 2004. Of the loans given in 2005, 319 were given to women (64%) and 182 (36%) were given to men.
We hope that we will continue to be of help to PLWHA in the Mbuya Parish community and 2006 will provide us with opportunities to make the programme sustainable.

Financial Summary Year 2005

Total Amount Loaned	**65,393,000 UgSh ($35,930)**
Total number of loans issued	501
Total Amount Collected in 2005	49,941,000 UgSh ($27,440)
Principle Collected	45,401,000 UgSh ($24,945)
Interest Collected	4,540,100 UgSh ($2,495)
Amount outstanding	15,452,000 UgShs ($8490)
Annual repayment rate	**76.%**

Notes: 1) Exchange rate = $ 1,820. 2) Both Interest and principle collected year 2005 has doubled that of 2004.

CASE Story: Gidudu Patrick

I was a builder before I came to Reach Out. I used to earn very little and this was very hard work. When I fell sick, I was very weak and couldn't stand for very long hours. I joined Reach Out in July 2002 where I got treatment. I became stronger and made a plan to do something other than building. I got a loan of 50,000 UgSh from BOL. I used this money to start a small business selling matooke. I worked very hard and was able to pay back my loan in 2 months. I applied for a second loan of 100,000 UgSh, which I also paid back in 2 months. I yet again applied for a loan of 200,000 UgSh, which I was able to pay back by December 2004. At the moment I have taken another loan of 250,000 UgSh, which has helped to expand my matooke business. My costumers are good and they are increasing because they are now used to it. My financial stand has improved, my children are in school and I feel at peace.

Defaulters

Since the inception of the programme there have been 185 defaulters (i.e. clients who have not repaid at all in 1 year and above). These defaulted loans amount to UgShs 9,772,950 ($ 5,370).

In 2005 we registered 15 defaulters (i.e. clients who have not repaid at all in 1 year and above), amounting to 1,250,000 UgSh ($ 686), which we no longer expect to recover. Of these 15 defaulters there are 8 who have died. At the time of their death their outstanding balance was 389,500 UgSh ($ 214).

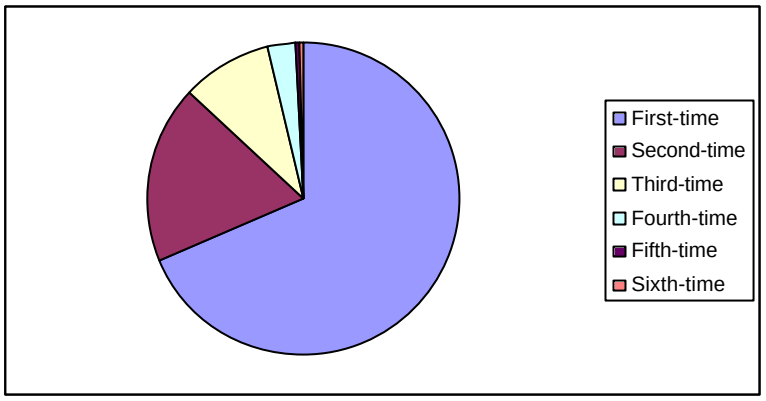
HIGHLIGHTS OF YEAR 2005

- BOL has given 7 group loans to volunteers, in the range of UgSh 250,000 – 500,000 ($ 137-274) per person. Total value of group loans is 16,357,200 UgSh ($ 8,987) given to a total of 39 group loan members.
- Policy change to improve/facilitate repayment: Volunteers earning a stipend of UgSh 110.000 ($60) and below are granted an extended period of repayment up to 10 months so as not to be strained and allow for optimum repayment rate and lower default ratio.
- Since September 2005, due to a fresh grant from Steven Lewis Foundation and a private donor, we have been able to grant up to a maximum of 60 loans a month. This is a great increase since the average no. of loans granted per month prior to September 2005 was 35 loans.
- In comparison with 2004, when our average lending per month was 4 million Ugs ($ 2,198), currently, we grant an average of 6 million UgSh ($ 3,297) per month, which also includes group loans for volunteers. This has enabled us to include more people in the program allowing us to clear off our waiting lists and hopefully allowed a positive change in the quality of life enjoyed by the loan seekers as well as promoted self-sufficiency amongst RO clients.
- Introduction of compulsory business training for all loan seekers has seen a rise in the confidence levels of the clients regarding their ability to conduct business and also built some essential skills in money management.

There are 5 Bread of life staff and all are engaged in the lending and monitoring process for the improvement and sustainability of the program. It's our pride to see all our clients participating happily and fully in this program. Our clients are able to enjoy the benefits of their 'second chance'.

Frequencies of loans given since 2002

This graph shows the proportion of clients being first-time borrowers, second-time borrowers etc. (i.e. the graph does not show no. of loans, but no. of clients). Since inception 69% of our loan seekers have been first-time borrowers, 18% have been second-time borrowers, and 9% have been third-time borrowers. Total no. of clients in this graph is 716 (total no. of loans since inception is 1151).



Business training and skills building

Since beginning of year 2005 we have been running a monthly one-day business training workshop. This is for the purpose of educating our clients in business skills especially in customer management and records keeping. This training has helped clients know and understand the actual meaning of business entrepreneurship, and has also cleared up some misunderstandings: previously some clients thought they were applying for grants. Business training is a compulsory process for every client that has applied for a loan. Clients are not considered to be eligible for a loan unless they have attended the business training.

We have observed that clients have become more confident about running a business after going through business training. Those who can read and write can now make their own business budgets/plans and also can tell whether or not they can make profits. By the end of December 2005 we have trained 321 clients, 91 (28%) men and 230 (72%) women. "*At first we borrowed money aimlessly, but now we have got the actual meaning"* said Esamai Samuel, one of our beneficiaries, who has by now borrowed 3 times (loans).

CHALLENGES

- Finding methods to improve repayment rates while simultaneously maintaining empathy for clients and their genuine problems hampering their ability to repay.
- Lack of access to reach to all our clients for follow up, due to displacement of some clients.
- Improving the business training and offering an opportunity for additional skills building as well as ongoing business counselling.

WAY FORWARD

- By the end of year 2006 we wish to reach to all our clients to assess whether they really put the loans into business. This will help us discover where they are succeeding or failing and where improvements could be made.
- We also hope that we will find means and methods to make BOL a sustainable program and depend less and less on external grants.

Prepared and submitted by Joy Nanyunja and team

Bread of life – your financial friend

OPERATION SCHOOL FEES DEPARTMENT

Operation School Fees (OSF) is a social support programme within Reach Out, which is responsible for educational support of children of our clients and children who are clients themselves. OSF is also an important preventive programme as children without education will be at high risk of getting HIV/AIDS when they grow up.

Letter from one of the children who has benefited from Operation School Fees

"I am Nimungu Lillian; I am 13yrs old in primary Three. Kiswa primary school. I joined Reachout in September, 2004 after testing HIV/AIDS positive.
I came to live in Kampala after losing both my parents of the deadly disease HIV/AIDS way back in Arua district .when I joined I couldn't be in school because my brother whom I stay with cannot afford to pay for me because of his low income, I was recommended to join Operation School Fees in 2005 when I was in primary two, I have now completed my primary two and I passed with flying colours to primary three,2006.I am too proud for Operation School Fees, great thanks go to Reachout and it's team for my Education and I pray to the almighty to give me life so that I study and meet my goal. In addition to the support I get from ReachOut, I also do some small business in the evening of selling roasted maize to add on what I get from ReachOut. May God help ReachOut to grow bigger and bigger so that it helps more other children out there who are in the same status of HIV/AIDS pandemic like me, I have completed my T.B treatment and hope to begin school when I am happy."

We have a total number of 459 children under Operation School Fees programme, of these 358 are children of clients who are getting medical care in Reach Out, comprised of 182 males and 176 females. The remaining 101 are needy children in the parish funded by AVSI which is made up of 46 males and 55 females. OSF is doing the administrative and follow-up work of these children.
The children on Operation School Fees programme are provided with school fees, school uniform, scholastic materials and lunch.

The main aim of this programme is to support children in their primary level of their schooling; however, children who are HIV/AIDS positive are supported even in secondary level. We have 32 children who are HIV positive of these, 4 are in secondary and 28 in primary. They are active clients of Reach Out who are both on ARVs and T.B drugs.

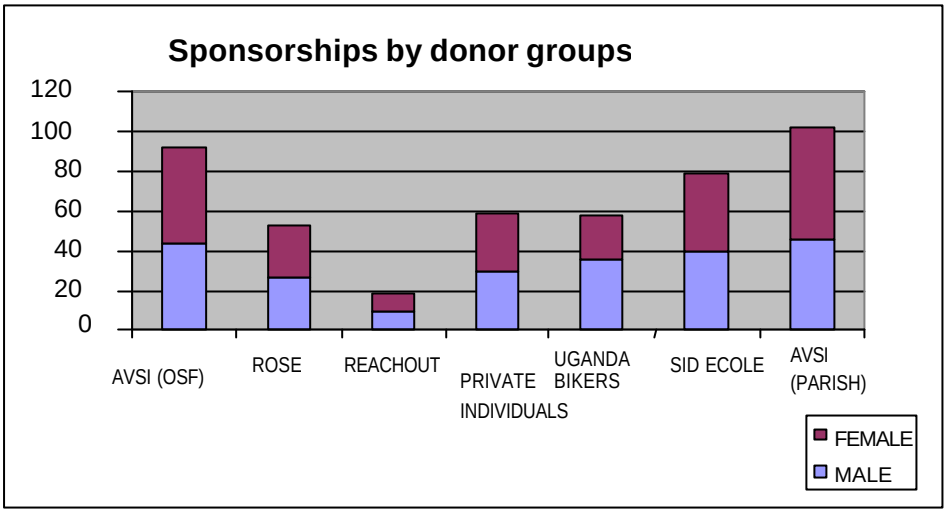
OSF main activities are home assessment, enrolment, identification of schools, payment of school fees and distribution of learning materials, school visitation, monitoring/follow ups, report writing to donors on progress of sponsored children.

At the beginning of the year, Operation School Fees had 356 children, but by the end of January we had 456 after successfully receiving sponsorship for one hundred children from AVSI. In May 2005 we enrolled 6 children who were all HIV positive, unfortunately 4 have died.
During this year 14 children have left the programme for various reasons and five died (3 in primary and 2 in secondary level). It is a challenge that when the parents of these children die or leave, the children are taken to the villages where other relatives stay.

This year we have 47 children who have sat for their candidate's class, 31 have sat for Primary Leaving Examination (P.L.E), 5 have sat for their Uganda Certificate of Education (U.C.E) and 11 have sat for Uganda Advanced Certificate of Education (U.A.C.E). Among these children OSF has one child who has done her Uganda Advanced Certificate of Education Examinations, and another has done her U.C.E Examination: they are both on ARVS and TB drugs.

Achievements
In 2005 we received donations amounting to **US $ 52,664 (96.6 million shilling)** from various donors around the world. We received 52 story books, 96 drawing sheets, 3 balls, 2 T-shirts and 13 play-dohs. We were very grateful for the 11 new donors in 2005.

Funding:
We received funds from 15 individual/ private donors sponsoring 57 children, and from group donors like SidEcole/School Against Aids, Geneva sponsoring 80 children, Uganda Bikers Association now sponsoring 60 children plus 25 more to make together a total of 85 children under this sponsorship, California (ROSE) sponsoring 54 children and AVSI Sponsoring 197 children in primary and secondary. Special thanks go to all donors who give regular support to orphans and vulnerable children of Operation School Fees and who really think about the future of these children.



In addition to all the support we get from outside, Reach Out is also raising funds through sale of beads, CDs and RepliKits to support other needy children and this is the Reach Out category from the above figure. Despite of all these initiatives the waiting list is open because of the rapid increase of clients every month, but we will keep trying to ensure funding.

Saturday Programme

The Saturday programme has continued throughout the year. The children of OSF gather every Saturday for music, dance, drama and sport. On a monthly basis 105 children attend these Saturday activities.

Challenges:

- Funding is limited for supporting secondary school or vocational training.
- Increasing number of poor clients into Reach Out is reflected in ever increasing need for school support.
- An increase in the child headed families from two to ten in 2005.

Plans:

- Identifying vocational training opportunities for P.7 graduates.
- Seek additional funding from potential donors.
- Identify ways to support children in child headed families.
- Improve Saturday programme activities with more dance, drama, sports, and other entertainments.

Submitted by Lucy Lanyero and Operation School Fees Team.

ROSES OF MBUYA SEWING WORKSHOP

Part of Reach Out's Social Support Network, the 'Roses of Mbuya' is a tailoring workshop offering skills-building and employment to Reach Out clients, impoverished people living with HIV/AIDS in Mbuya Parish.
Products include, clothing, household accessories and gift items like paper beads jewellery, handmade cards etc.
The Roses also undertake contract work, which is a mainline avenue for revenue generation as of today.

The year 2005 has been very good for the Roses, and the celebration held to commemorate the 3d birthday of the Roses of Mbuya at the end of Sept was indeed well deserved.

The figures of sale and expenses will indicate that the Roses are well on the road to recovery and with regular shots in the arm consisting of right doses of contract work and retail expansion opportunities, the ROSES OF MBUYA can be a great example of a community based cooperative movement.

We beseech all of you reading this to spread the word about our good work in order to enable adequate work opportunities to us at the ROSES thereby offering an opportunity for livelihood, skills building and entrepreneurship to many needy others in the Mbuya neighbourhood.

SOME HIGHLIGHTS OF THE YEAR 2005!!

CONTRACTS

There has been a growing belief that contract work is the way forward for growth for the Roses and Mbuya and the figures provide adequate proof to support this belief.

Contractual work brought about some of the following key positive changes in the workshop functioning and systems –

1. Piece-rate system of payment has been introduced for all contractual work. This translates into optimum productivity for the workshop, besides, giving the tailors incentive to put their best foot forward and reap the benefits of their hard work.
2. Quality consciousness has risen dramatically, especially after executing contract work for export orders to the UK, Denmark, Italy etc.
3. Community involvement has been encouraged. Since, a steady flow of work has been ensured due to contracts, there have been several opportunities to not just restrict the workload to the tailors within the workshop, but also to mete out work to needy tailors within the community thereby improving their living standards.
4. This is also a great opportunity to learn basic business skills for the tailors. E.g. production planning, maintaining inventory, tracking efficiency, calculating profitability, supplier negotiation, client handling and relationship management etc.

Although there is still a lot of work to be done to develop contractual business on a sustainable basis, we hope that the positive results of contract work seen above will impel the movement forward so as to ultimately enable an efficient community based cooperative movement.

Some 'key' contracts that opened the doors for us are:

1. Population Services International, Uganda
The largest contract for the Roses since its inception, the Roses won a contract to make 55,000 filtration cloths for HIV/AIDS kits being produced and disseminated by PSI.
The contract period is September 2005 till February 2006.
This contract has generated a whopping revenue of 35,750,000 Ugs for the Roses (approx. 20,000 USD), offering them a first real chance to expand the program into the community and seriously consider the option of setting up a cooperative.

2. St.Kizito Primary School
The Roses of Mbuya will be producing school uniforms for St.Kizito Primary School for the second year in a row in 2006! There has been a renegotiation of prices and this means a steady source of revenue for the workshop and an opportunity to earn on a piece-rate basis.

3.Export Orders
The Roses have executed 5 export orders in the year 2005 consisting of Children's clothes to UK and Denmark and Household accessories to Italy
It has been a fantastic learning experience for the Roses of Mbuya to work on export orders that require great detailing and quality consciousness.
We are proud to say that one of the biggest achievements for us has been to not only export but receive repeat orders from our customers in Denmark and Italy.
We take this opportunity to thank everyone involved in displaying confidence in our work and offering us the opportunity to prove our mettle in a competitive export environment.
Besides the above, we have gained a lot from contractual work with HOSPICE Uganda, Aga Khan University, WFP Uganda etc.

RETAIL OPPORTUNTIES

One of the biggest happenings for 2005 was our foray into expanding our retail base, especially for our 'Beads of Hope' project, which constitutes of a women's group settled into a corner of the Mbuya Parish neighbourhood known

as 'Acholi Quarters'. These women an families originally belong to the north of Uganda and have escaped from the ravages of the war happening in that part of the country.

These women make beaded jewellery. The beads are made of glossy magazine paper cut into strips and rolled into interesting shapes, varnished and dried and then strung into beautifully designed jewellery in unique stunning colours. Necklaces, bracelets, anklets, earnings in different shapes and sizes are made. The beads are also used as decorative accessories for some of the Roses products like cushion covers and dresses.

Finding a market for these beautiful items had been a challenge, but with a marketing plan in place for distribution of the Roses' products as well as a series of workshops to improve design ability and quality with the women of Acholi reaped fruit and now, we have the beads selling through the following different avenues –

1. 3 prestigious hi-traffic retail shops in Uganda
2. Export to countries like Denmark, Italy and USA

We hope that we will be able to make rapid progress in developing retail opportunities further thereby creating another profit centre within the Roses of Mbuya. Some of these retail shops have also agreed to stock some of the household accessories thus also allowing us to expand our base for Roses' products from the workshop.

EXHIBITOR SPACE

Like any retail establishment, we consider trade fairs and exhibitions as important sources of information gathering, dissemination, promotion and sale.

We have had the opportunity for exposure and sale at various fairs and exhibitions this year, each of them either generating sale, enquiries for sale or awareness.

The best experience for sale was at Barclay's Bank where we sold almost 800,000 Ugs (approx. 450 USD) worth of goods in 5 hours.

SHOP SALE

The Roses' shop on the premises still remains our flagship store and sales have picked up this year with re-pricing, redesigning and introduction of some new products like mobile holders and coasters mainly to be sold as small gift items.

The above is the summary of the story of the Roses of Mbuya in the year 2005.

<u>Some of the other highlights of the year</u> –

1. A workshop with Danish Fair Trade in January providing our first impetus for a foray into exporting.
2. A cutting machine and an embroidery machine donated by CONCERN added to our assets list.
3. A fashion show hosted by Life in Africa in aid of the children of Northern Uganda gave us an opportunity to display our fashions and generated a lot of enquiries and orders.

CHALLENGES:

1. We had to take a break in our sewing course at the vocational school due to lack of space.
2. To start other courses, for example, in handicraft, to expand the current base available to Reach Out clients to develop livelihood skills.
3. We have to find a professional system to manage our increasingly complicated finances so as to be able to run the workshop as an efficient business and exercise financial control to improve profitability.

THE FUTURE:

The future holds great promise for the Roses of Mbuya. Plans for the following are in the offing –

1. To integrate a handicraft course along with the sewing school when it is time to restart. (We are currently waiting for our new structures at the parish and Kinawataka to be up and running, thereby allowing us the opportunity to restart).
2. To take the workshop into the community, meaning, to provide sustained livelihood for others in the community besides the workshop tailors.
3. To find sustainable contracts and ongoing work. Thus, plans are in the offing to formulate strong business and marketing plans that constitute systems and people.

FINANCIAL SUMMARY:
At the time of writing this report, there are still some collections to be recorded, especially from the beads project, hence all figures mentioned below are to be taken as close approximations.

The total sale The approx sale figure from to Jan to Dec 2005 is 67 million Ugs ($ 37,225)
Cost of sale The approx cost of sale from Jan to Dec 2005 is 58 million Ugs ($ 32,222)

Thus, we have posted a total profit of approx. 9 million Ugs ($ 5000) in the year 2005!!

It is important to remember that any profit posted by the Roses of Mbuya goes back into the Reach Out funds thereby enabling HIV/AIDS care to more people living in the Mbuya Parish neighbourhood.

We hope that we are able to not only match, but better our profit ratio in 2006 and thus accomplish our dream of a sustainable business arm at Reach Out, offering ongoing livelihood opportunities to those who need them the most. We thank you with all our hearts for your tremendous contribution, help and support in seeing us this far!

Submitted by Rohini Jog – VSO Volunteer and Roses Team

PROGRAMME IMPLEMENTATION SECTION

Each December our teams come together and reflect back on the year that has passed and all that has happened in Reach Out Mbuya. When we do so---- we are always amazed on how far we have developed and matured as an organization. The year 2005 is no different. In many ways we are not the same organization that began the year. We have grown as a staff both personally and professionally. We have recognized the need to establish a more formal structure and organization. We have greatly benefited from We have made great strides in providing quality services and keeping overhead costs low. All of the departments, volunteers, and staff of Reach Out Mbuya are constantly striving to become better trained, more effective, and to actively push the frontiers of ARV treatment---- in order to meet the new challenges faced on a daily basis. The Program Implementation and Support Department's goal is to enable all of the departments to carry on their work, to never grow complacent, and to remember that committed and loving service to our clients---- remains Reach Out's guiding principle.

OPERATIONS SUPPORT DEPARTMENT

We have come to the end of another year where we have witnessed remarkable progress in our organization. As much of our focus in the past years has been to give HOPE to our clients who are poor and desperate, this year we have had a chance to think and plan on how to sustain this hope. Hence a lot has been done in restructuring the program and prepare for the NGO status.

Operation Support is one of the new departments formed this year to handle site management, buildings, security, equipments, stock management, transport and all program computer needs.

Reach Out has over the years had a problem of space with many activities happening under tree shades and the limited offices we have. The Mbuya Catholic Church has done all possible to solve our space problems by providing us with the land but, we are limited by our lack of funds to construct the needed buildings.

November this year, two of our big dreams became a realty in solving the space problem. We successfully opened up the Reach Out community centre in Kinawataka called St. Balikudembe and started the reconstruction of the parish hall into a two-stored building to accommodate our ever-expanding clientele and services. We started with Kinawataka community as it has the highest number of clients in Reach Out of all the five communities we operate in. The centre serves the Kinawataka and Acholi quarter communities. It also accommodates the Friend for Life and Adult Literacy departments as most of their activities are community based. So this was a chance to get them closer to the community and save them from running their activities under the tree shades.

The construction of the parish commenced based on faith and hope because we didn't have enough funds needed to complete the building. We are trying all we can to fundraise the funds needed to complete this construction. Any generous contributions to this effect are welcome but we are very grateful to all those who have contributed generously. The parish hall will help solve space problems and move out of the church where we are currently carrying out most of our activities.

We managed to improve our drug storage by making the store more secure. We modified one of the office spaces to make a secure Monitoring and Evaluation office where all data, files, and computers will be kept. We are committed to maintaining client confidentiality by insuring that all records are kept in a safe area.

Future Plans

- It is our goal to set up a better stock control system that will enable us know how much resources each department need and use weekly/monthly. This will ensure timely deliveries and proper planning.
- Also to find an insurance program to cover all our computers and office management materials, also to better link up our computer and have greater access to the internet
- Fundraise for the completion of the Reach Out community centre.

Submitted by Eric Robert Kamunvi, Operations Support

HUMAN RESOURCE DEPARTMENT

In the few years of existence of Reach Out, many personnel and management decisions had often been made; but in a rather informal way. Therefore, in a bid to turn professional, the Human Resources department was created by the end of the 2nd quarter.
Among others, it was also charged with the responsibility of coordinating all non-medical training in Reach Out. Therefore, this annual report covers the period from when the department was created.

Training
Through the months, a number of trainings have taken place. The trainings took place both in and out of Reach out. There has been an increased collaboration between Reach Out and VSO in as far as training is concerned in the last months of the year. 2 VSO volunteers have given training to Reach Out staff. These are represented in the table below.

MONTH	CATEGORY TRAINED	VENUE OF TRAINING	DURATION	COMMENTS
May	164 Reach Out staff	Reach Out	13 Days	Structuring all Project departments
August/September	5 University students from MUK, KYU, and KIU	Reach Out	2 months (40 days)	Were here for placement in the Community Network of Care
September	5 people from CATTS, FFL, and Counselling	Uganda Management Institute	2 Days	Capacity Building to Integrate Local Knowledge in the Mgt of HIV/AIDS
September	27 Reach Out Staff	Nakawa Vocational Training Institute	2 Weeks	Computer training-MS Office.
September	2 FFL and Adult Literacy.	-UCSTC -MUK	2 Years *(this is classified as on going)*	-Business Mgt and Administration. -Education.
November/December	27 Reach Out Staff	Reach Out	10 evenings	Computer Training
November	19 Reach Out Heads of Departments	Reach Out	3 days	Training on Grant writing.

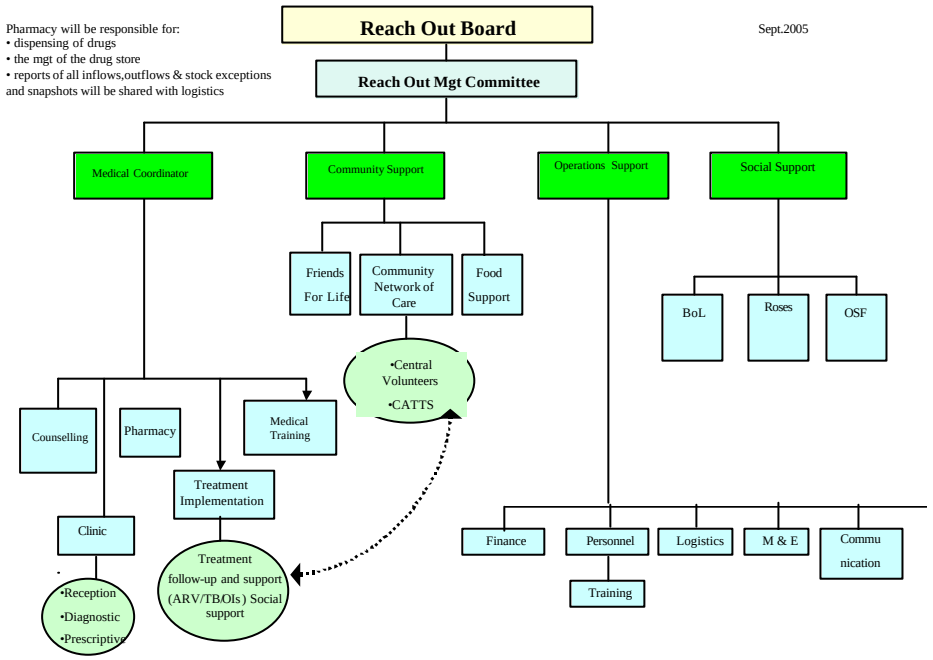
November/December	1 HR Officer	Nairobi	3 weeks	Managing HIV/AIDS Programmes

Evaluations

All staff of Reach Out underwent a round of evaluations that both looked at performance and the increase of the stipends. It was from these that people were graded according to abilities to work, and roles played in the organization. Consequently, all staffs were hence forth graded in to either Support part time, Support full time, General, Core, or Senior depending on the efficiency of the individual's performance. These took place in the months of June/July for the non medical, and in March for the medical department. Therefore, the stipend levels of the Reach Out staff depended on what level of the grading they belonged.

Project Structures

After the 'Re Think' workshops in May, a standard project structure was developed. The project departments were classified in 4 different sections; namely Medical, Social, Community, and Operations Support sections. With in each Section was a structure and further still, all departments developed their own structures with well defined positions of office. In doing this, there is a streamlined way of doing work. Below is the project structure.



Contracts

The Reach Out structure was adopted and edited by a cross section of people, including the Reach Out top management, and the project Lawyer. However, the signing of these could not happen in the latter months of the year as had been anticipated; but are due to be signed by all those staff at the level of 'General' and above in the beginning stages of 2006.

Volunteer\Staff statistics

The total number of Reach Out Staff and Volunteers had been on the increase. Although many clients want to work with Reach Out we have had to put a freeze in the recruitment process due to financial constraints. Below is a table that gives the exact statistics of the entire Reach Out.

CATEGORY	NUMBER	PERCENTAGE
Stipend Volunteers/Staff	235	96.3%
IPH/CDC Fellow	1	0.4%
Expatriate Volunteers	8	3.27%
TOTAL NO. OF VOLUNTEERS/STAFF	244	100%

Note that the International Volunteers here only include those that are around for long-term stay, and not those that come around for a week or 2.

Therefore, below is a tally up of the difference between the clients, and non-client volunteers/staff that receive stipends from Reach Out.

CATEGORY	NUMBER	PERCENTAGE
Client Volunteers/Staff	152	64.6%
Non client volunteers/Staff	83	35.3%
TOTAL	**235**	**100%**

In summary, a comparison between the male and female shows that **72** (30,6 %) of the volunteers are **males**, and **163** (69.4%) are **females**.

Challenges

- Maintaining the spirit of voluntarism among all whether clients or non-clients working at Reach Out.
- Ensuring that the function of the Reach Out structure is understood and followed by all.
- Provide continuing education for staff/volunteer over a wide need range from higher university level to general education.
- Maintaining a transparent policy on hiring of staff. Unemployment is high in the area we serve, and some volunteers and staff wish to bring their relatives and friends for employment purposes.

Future plans.

- Development of a database for all the Reach Out staff and Volunteers.
- Further training at Reach Out to all Heads of Departments on management related issues. We hope to hire one or 2 trainers to conduct the trainings; alongside with the Human Resource manager himself.

Submitted by Francis Onyango, Human Resources

MONITORING AND EVALUATION DEPARTMENT

This year, Reach Out established a unit to coordinate monitoring and evaluation (M&E) of its programs. Funding support was solicited and received from various external collaborators, with buy-in from the different departments within the organization. The four main activities that have taken place in 2005 included securing a funding grant for development of unit activities, recruitment of qualified personnel, the development of an annual work-plan for developing a participatory M&E process at Reach Out, initiation of work on a comprehensive management information system (MIS); and completion of a Reach Out client master list.

Funding Agreement with Concern Uganda

Reach Out was successful at securing funding support from Concern Uganda, including support for three full-time personnel, equipment (two computers and a data server), and departmental capacity building/training activities. The funding agreement will cover the initial year of the department's activities, with the potential for renewal after the grant elapses in September 2006. Using the funds secured from Concern, a workspace for the M&E unit is already being refurbished, and IT hardware is in the process of being purchased.

Staffing

Three personnel were recruited to the newly formed unit: a social scientist with experience in field research, an information technology specialist with experience in administering databases, and a TB community worker with experience in database management.

Monitoring and Evaluation Work-plan

An annual work-plan for development of more autonomous, departmental-level M&E of program implementation was developed in line with the anticipated needs of the organization, starting with organization-wide consultation to anchor the development of the logical framework and an M&E implementation plan, to training and implementation of the relevant staff in data management, database administration, and other related competencies

The consultative process was completed for three sections of Reach Out, bringing us much closer to our goal of having an organizational logical framework and an M&E implementation plan in place by the end of January 2005.

Reach Out Client Master List

A historic client data-base was constructed, using data registers and other information sources from the first year of project implementation. The database identifies all unique clients who have received palliative care, TB, ARV therapy, clinical care, community support, food support, and several other services from Reach Out. With the help of the reception team within the Medical Support Unit, a list of all those who have been registered as clients with Reach Out, dating back to January 2001, was compiled, along with the services that these clients received before their discharge or withdrawal from the organization. This historical information will assist the organization as it sets up its database system and prepares for more rigorous donor reporting, and will provide a good base for evaluating programmatic trends over time.

The Reach Out Management Information System (MIS)

Reach Out identified an information technology specialist from Makerere University to design a database running on a MySqL platform, using the various data collection instruments already in use. The first edition of the database, which has been under development since October, will house medical unit information. The MIS will eventually be cascaded to the different departments, which all have heavy data generation and reporting duties.

Evaluation Activities

A survey on community knowledge, attitudes, beliefs and practices (KAP) survey was conducted in conjunction with the Friends for Life department, which runs behaviour change communications programs for youth and adults in the surrounding Mbuya Community. The survey, which examined prevention, care, and support knowledge among community members 15 – 49, was conducted in the months of August and September, with data entry and cleaning completed in December 2005. When completed, the analysed survey will help direct awareness and behaviour change activities, and serve as an evaluation of the school-based component of the FFL department.

Future plans:

- Completion of the organization logical framework and M&E implementation plan
- Organizational training in database (MySqL) administration
- Baseline evaluation:
- Installation, first pilot, MIS database

Submitted by Damilola Walker and M&E Team

Operations Research

As Reach Out scales up treatment and care, operations research has become a crucial aspect of the programme that can no longer be ignored. A number of pertinent issues have been identified and participation has been open to any volunteer interested so long as it lies within their area of jurisdiction. Participation in Operations Research has enabled the clinicians and counsellors understand better the rational of collecting data and the importance of quality data, which in addition to building their own capacity will go along way in providing an evidence base to advise our programme operations.

Below find a table of key areas identified for operations Research during the year and the status of the activity.

Topic	Status	Results	Dissemination
Survival analysis	On-going	6- and 9- month survival was 90% and 80%, with 75% of all deaths occurring in the first 90 days on HAART	Two conferences , one award
Adherence	On-going. Plans are underway to use viral load to validate results.	Adherence good (see T.I.U section)	Two conferences, several meetings
Quality of life study	On -going		One conference

Death analysis	On-going (data awaiting analysis)	-	-
KAP study	Data analysis	-	-
Discordant couples	On-going	43% couples living in discordant relationships	-
Impact of ART on sexuality	On-going	-	-

*Several other areas have been identified for operations research but are not included in this report because the data collection has not started.

Submitted by Dr.Stella Alamo, Medical Coordinator

COMMUNICATIONS DEPARTMENT

In this year we have received a total of 700 visitors most markedly **the King of Buganda Ronald Muwenda Mutebi II,** Mr. Peter Piot the UNAIDS Executive Director, Mr. Michael Gerson, advisor to the White House, US. Ambassador Mr. Jim Kolker, the UNDP Director, the Advisor to the president on PEPFAR funds, and the District Governor of Rotary Club.

450 visitors were attached to various groups amongst whom were: SWAA, UNAIDS, IPH, IDI, UCSF, National Public Radio (NPR), DFID, UAC, WHO, Stephen Lewis Foundation, ACTIONAID, Namugongo deanery, University of Wisconsin, Health Rights Action, Congregation of the mission, Rakai Health Sciences, CDC, the American embassy, World Bank, the Association of Member Episcopal Conferences in Eastern Africa (AMECEA), Via Deu Quattro Italy, Uganda Martyrs support centre, Infectious Disease Institute-Mulago, Mildmay Centre, Ministry of Health, Protecting Families against AIDS (PREFA) Naguru, Kampala Rotary Club. Glaxo-Smith-Kline/Secure the Future Project, Crown Agents UK IDI Mulago, JOCS Japan, UCU Mukono, CDC Atlanta, Hospice Uganda, Maine Photographic workshop, the Australian High Commission, Mild May, WFP Kampala, Regional Health Centre, Stephen Lewis Foundation, University of Manchester, German Development service, Inter care UK, Concern, Mildmay, United Nations Association of Uganda and VSO, common wealth MPs from the United Kingdom and students from the St. Lawrence High Schools.

Conferences, exhibitions and events:

- Ms. Lola A. Walker, a volunteer with Reach Out, made a poster presentation at the 3rd IAS conference on HIV Pathogenesis and Treatment in Rio de Janeiro, Brazil under the clinical sciences category. She received the Young Investigator's Award co-sponsored by the Agence National Sur la Recherche de SIDA/VIH (ANRS) of the French government and the International AIDS society (IAS).
- Posters on different program areas were developed and presented at the 4th National AIDS conference. A total of 19 abstracts were accepted for presentation and 17 Reach Out volunteers made oral and/or poster presentations.
- Reach Out participated in various exhibitions like: the 13th Annual trade fair at Uganda Manufacturers Association (UMA) show grounds, Hospice anniversary, re-incarnation of the pearl of Africa in Uganda (Organised by State House), AMECEA conference, Action-Aid Positive lives exhibition, 60th birthday of United Nations, PSI, International Women's organization Christmas Bazaar, National AIDS Conference and the Vaccine awareness Day exhibition.
- The Reach Out volunteers had a get-together on 1st November 2005 to reflect on their work as volunteers and also to get to know one another better.
- An end of year celebration was organized for the clients. This was a joyous celebration for all of us.
- The World AIDS Day was celebrated with a very colourful march through the community followed by a candle light ceremony with friends of Reach Out. About 1000 people participated in the event.

Activities accomplished this year:

- A Hope for the Future Reach Out documentary/video was made by one of our expatriate volunteers. It is a tribute to the work of the Reach Out community, and the power of the vision that binds us. It is our dream, that this documentary will reassure people all over the world who find themselves in trying situations that there truly is Hope for the Future. A DVD and VHS of are available for sale.
- Another documentary was made on Uganda's Response to HIV/AIDS. Reach Out took part in this documentary "*Beating the drum loudly.*"
- A handbook "Replikit – How to start and develop community-based programs in HIV/AIDS support and treatment: the experience of Reach Out" was developed and produced. This manual is made to help other communities who want to start an HIV/AIDS programme or further develop their present activities.
- *A Hope for the future* calendar for 2006 was made and is now available on order at the website and at the Roses shop.
- We have ensured that our clients have got new colour IDs which will make it easier for our clients to easily access the much needed services.
- The Reach Out website has been updated and linked to other sites. The new version will be up at the beginning of second quarter.
- The communications department has put in place a questionnaire that will be used to get up-to-date information about the different departments. This is with to enable us get better communication within the departments.
- We have tried to strengthen the communication between Reach Out and its partners.

Ongoing activities:

- Literature for the clients enrolled under the WFP program on food storage and consumption is still being developed.
- In trying to make the *Roses of Mbuya Sewing Workshop* more self-sustainable, communications team is working closely with the marketing section. Both Reach Out products are now available at different points of sale.
- The *Reach Out* logo is still being developed by both Reach Out and the USA design team.
- Thank you letters to donors are written as soon as any donations are received.
- The Reaching Out internal newsletter is being produced twice each month.
- Clients' stories about different aspects of the program are still being developed.

Products on sale:

- A Hope for the future calendar for 2006.
- A documentary on Reach Out's program activities
- Greeting cards
- Angels of Mbuya music CDs
- Replikit – How to start and develop community-based programs in HIV/AIDS support and treatment: the experience of Reach Out.
- CATTS manual – Training manual for community workers.

Future plans

- We look forward to having a more effective communication strategy after carrying out an assessment of the communication needs of the organization as a whole.

We hope to borrow a leaf from the public relations sector of the American Embassy and other organizations in the New Year and become more effective communicators of the work done at Reach Out Mbuya and invite others to join with us in providing support and hope for persons living with HIV/AIDS.

Submitted by Joanita Nambi and Communication Team

FINANCE DEPARTMENT

Throughout 2005, the Finance team has worked together to be the cement holding the different departments of Reach Out together. We fully understand that without transparent and accurate financial reporting ----the program could not continue. We have worked hard to keep our costs as low as possible and yet offer our clients the best possible service and support. In the year 2005, thankfully, our donations and grants have kept pace with our expenses. As we now serve almost 2000 clients, our expenses have increased beyond what we could have imagined just a short year ago. We have decided in order to increase our accuracy in reporting ---we will also include the costs of the donated ARV medications and food donations from the WFP in our income and expense categories to give the fullest possible picture of Reach Out Mbuya's 2005 finances..

TOTAL INCOME

The continued generosity and faith of our donors never ceases to amaze and inspire us. In 2005 the total amount of all income of our donations, grants, income generating activities, and in kind donations of ARV drugs and World Food Program came to a **grand total of UgSh 3,043,559,854 or US $ 1,690,866.** Donations and grants accounted for UgSh 1,627,429,604 (US $ 904,127) Sales from our income generating activities came to UgSh 70,223,650 (US $ 39,013) the value of the ARV medicines given to us came to UgSh 947,503,600 (US $ 526,390) the value of the food given by the WFP is valued at 398,403,000 (US $ 221,335)

No	Item	Total UgSh	Total in US $	Percentage %
1	**Donations and Grants**	**1,627,429,604**	**904,127**	**52**
2	**Sales from Income generating activities**	**70,223,650**	**39,013**	**3**
3	**ARV Medicine (CDC / PEPFAR)**	**947,503,600**	**526,390**	**31**
4	**World Food Programme (WFP)**	**398,403,000**	**221,335**	**13**
5	**Total**	**3,043,559,854**	**1,690,865**	**100**

Grants and Donations

The total of grants, donations of funds, medicines, and food came to a total of UgSh **2,973,336,204 (US $ 1,651,853) or 97% of our total income**

Words can not adequately express our deep and abiding gratitude to our many donors large and small that keep our program running. This year 2005 we give thanks to the **CDC/PEPFAR** program for the ARV medicines and the support costs that enable us to help so many and to **Mildmay Centre** for their continuing and never ending support and collaboration as a partner in the CDC/PEPFAR funding, the **World Food Programme** whose donations of food supplies help the medicines to work, **CONCERN Uganda and Worldwide** whose friendship, generosity and partnership we genuinely treasure and we find so useful in so many of our departments, the **Stephen Lewis Foundation** who given so much to our Bread of Life micro-loan program and our construction program, **PSI** for their community education donations and their support of our Roses of Mbuya workshop **Our Lady of Africa Parish** whose members are so patient and kind to us by lending us the space to do our work, **Global Fund/MOH** and the **National TB programme** for the donation of much needed medicines, **Elton John Aids Foundation** for their help with the testing and Replikit, **World Children's Fund** for their continued and faithful support that helps us to aid more children, **AVSI and Sidecole** whose donations enable so many children to continue their education, the **Uganda Bikers Association** who are long-time friends and who have helped even more students remain in school this year. We also must not forget all of our donors who by their donations and prayers have kept us going in 2005 and who we rely on to keep us afloat in the coming year. We especially want to remember the generosity of **Gary and Joni Jones**, **Richard Lieber**, the **family of Sheila Green**, and **Alexander Hoares.**

Income Generating Activities

We have worked very hard to instil in our volunteers a sense of taking responsibility for our work and our program. We realize that our sales and income generating activities account for only **3%** of the funds we use, but it gives us a sense of self-respect and hope--- to be able to produce and sell our own products. Our volunteers and staff believe very strongly that it is vital that we continue to contribute our work and our profits to helping those who are beginning their journey with Reach Out Mbuya. The total amount earned from the sale of Reach Out DVD's, RepliKits, Calendars, CD's, Music tapes, Beads of Hope, and profits from our micro-loans came to a total of **UgSh 70,223,650 (US $ 39,013)**

TOTAL EXPENDITURES

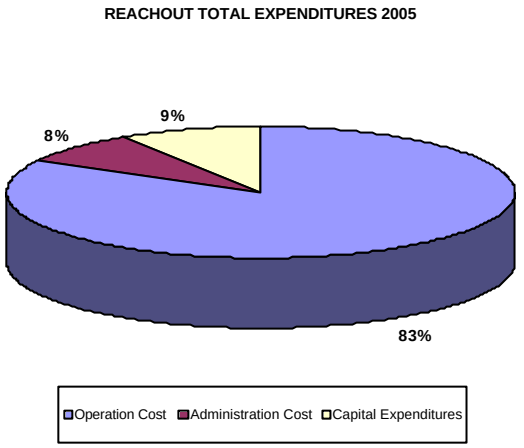
The total amount of funds, in kind donations, medicines, and food we have used to care for Reach Out's nearly 2000 clients----came to a **grand total of UgSh 2,943,817,522 (US $ 1,635,454)**

We have divided the costs into three different categories: Operational costs, Administration costs, and Capital Expenditures.

Operational Costs

Reach Out Mbuya's operational costs in 2005 came to a **total of UgSh 2,442.800,805 (US $ 1,357,111**) or **83%** of entire program costs.

Included in these costs are the ARV drugs that are given out, the food supplies given out, all emergency food support, home based care items for the critically ill, blankets, mattresses, clothing. The clinic costs are also included such as the clinicians stipends community supporters network, all testing for our clients, x-rays, training and scholarships. We also use the operational funds for transport for home visitations, client care, and networking with other community organizations. Operational costs are also used to pay for materials, stipends, record-keeping, data entry for all the departments such as community education, adult literacy, micro-finance, youth work, behaviour change, and food distribution. Funds have been used as well for our calendar, CD, DVD, and our Replikit which helps other organizations begin their own community program.



Administration Costs

Costs for the administrative and support part of Reach Out's program came to **UgSh 232,916,717 (US $ 129,398) or 8%** of **total costs**.

Since our foundation, our Directors have been of one mind that Administrative costs should be kept at the minimum and funds should be used for direct support of clients. In 2005 we have used administrative costs for the salaries of our administration team, office supplies, computer supplies, costs of internet, phone, and postage. In addition we have also used the funds to insure good security at our centre and satellite clinic.

Capital Expenditures

Our building projects came to a total of **UgSh 268,100,000 (US $ 148,944)** in 2005. The costs for capital expenditures in 2005, totals **9% of our total budget**.

We are building with great hope. In 2005 we opened our satellite clinic in Kinawataka area and the costs of construction and furnishings were considerable, it is our goal this year to begin construction on another satellite clinic in Lower Banda area so that the poor of that section can have accessible health care. We have also started to build the **Mbuya Community Health Centre** to house many aspects of our clinic, testing and counselling, Bread of Life, Adult Literacy, and support staff. We are still in the process of raising funds and have sent out appeals to our friends and donors. We still have a long way to go, but are confident with the help of our '**Partners in Hope'----** we can complete construction by July 2006.

Total Expenditures 2005 at Reach Out Mbuya

No.	Item	Total in UgSh	Total in US.$	Percentage %
1	Operation Cost	2,442,800,805	1,357,111	83
2	Administration Cost	232,916,717	129,398	8
3	Capital Expenditures	268,100,000	148,944	9
	Total	**2,943,817,522**	**1,635,454**	**100**

Breakdown of Reach Out Mbuya 2005 Operational Costs

We found it very helpful to further divide our **Operating Expenses** along departmental lines. After dividing the expenses for each of the different department---- the results were as follows:

41.15% of our expenses were spent on the life changing **ARV's drugs** and modest stipends of our ARV Coordinators ---given to us through the **PEPFAR/CDC Program**. The ARV's are given out to our clients free of charge. The next highest expense was the **monthly food supplies** from the **World Food Program** which we give out without cost, this accounted for **17.06%** of our total budget. The **Clinical Department** used **10.04%** of our resources for salaries, tests for TB and other OIs, CD4, and HIV, and costs related to caring for our 1800+ clients including cancer treatment. The **CATTS Program** (short for Community ARV TB Treatment Supporters) used **5.02%** of our budget to monitor and mentor all of our clients so that they could successfully take their ARV/TB drugs and report on their struggles and triumphs. Our **Friends for Life Community Education Department** and our **Operation School Fees Department** each used **4.01%** of our resources to educate the community and sponsor over **460 students** struggling to continue their education. Our **Communication Department** and our micro-finance department called "**Bread of Life"** each used **3.01%** of our budget to share the Reach Out story and message out to our friends and donors and to provide over **500 small loans** to our clients and volunteers. The remaining **14%** of our funds were divided among the different departments and though they appear small numerically in the budget, all greatly contributed to the overall compassion and quality service our clients have come to expect from **Reach Out Mbuya.**

DEPARTMENT	**PERCENTAGE**
ARV	41.15
WORLD FOOD PROGRAMME	17.06
CLINIC	10 .04
CATTS	5 .02
FRIENDS FOR LIFE	4 .01
OPERATION SCHOOL FEES	4 .01
BREAD OF LIFE	3 .01
COMMUNICATION	3 .01
GENERAL. OFFICE SUPPLIES.	2 .02
PHARMACY	2 .02
ROSES	2 .01
ADULT LITERACY	1 .00
COUNSELING	1 .00
MONITORING AND EVALUATION	1 .00
RECEPTION	1 .00
TRAINING	1 .00
STAFF TRAVELS	1 .00
CLIENTS' TRAVEL	0.5 0
HUMAN RESOURCES.	0.09
ANGELS OF MBUYA CHOIR	0.03
TB	0.02
TOTAL	**100**

Submitted by Bruno Onzima & William Stanley & Finance Team

Strengthening governance:

Reach Out is a community and faith based project operating under Our Lady of Africa Church in Mbuya Parish, Kampala. As a project of Our Lady of Africa Church, we are registered under Kampala Archdiocese. Because of the growth we have had in the past four years, the Kampala Archdiocese and the Catholic Medical Bureau have requested the organization apply for registration as an NGO. Administration is presently preparing the papers for application, and a board will be established following achievement of NGO status. We shall continue to work very closely with Our Lady of Africa Parish as we continue to serve to people living with HIV/AIDS in Mbuya.

Each section of this annual report was submitted by the relevant department. A special thank you goes to Eric Kamunvi for organizing collection and initial editing of the departmental reports, to Dr.Stella Alamo, Michaela Kerressey, and Damilola Walker for editing and to the M & E Department for providing the overall client data.

Hope for the Future

– because we want you to exist !

"Love is the explanation for everything, a love that opens up to the other in his unique individuality and speaks to him the decisive words, ' I want you to exist' ". Some years ago when late Pope John Paul II visited the Cottolengo Home for mentally and physically handicapped in Italy, he spoke these words. For centuries handicapped people have experienced stigma and isolation – just like many people living with HIV/AIDS are now suffering under stigma caused by the lack of love from family, relatives and community.

Reach Out – Mbuya Parish HIV/AIDS Initiative was started in May 2001 based on the work of the Small Christian Communities in Mbuya Parish. Caring and committed parishioners wanted to relieve the pain of the sick and poor people in their community, who could not access help from others. They would visit the sick, pray with them, comfort them and hold their hand during the last days of their lives. The vast majority of the sick and dying had AIDS, so when Reach Out started, first medical and shortly thereafter social support were added to these acts of love. Counselling and testing were provided, opportunistic infections diagnosed and treated, food supplied as part of essential medication, and eventually, when health was regained, opportunities for starting a small business were given. Children of sick people received help with school fees, so they could get a basic education, and thus stand a better chance of a brighter future without HIV/AIDS.

From a very humble start with only 14 clients, Reach Out has during the last 4 ½ years grown to serve 1900 people living with HIV/AIDS in Mbuya Parish – more than 800 of them on free ARV drugs. The micro-finance and income generating programmes have expanded to serve over 1000 clients and their families, and we have a very active prevention programme reaching out to youth in - and out of school, married couples and people with high risk behaviour. The best part though is that the distinction between 'service provider' and 'service receiver' has faded away – about 2/3 of the 244 volunteers are clients themselves, and we believe that the remaining 'providers' acknowledge and appreciate that they each day receive more than they give.

We are striving to base our work on love for our fellow human beings in whatever shape or state we meet them – whether you come sick and wasted to the clinic for your first testing or off the airplane wanting to help and learn. We cannot claim that we are always succeeding – far from it - but at least we are trying.

The goal is ***'Hope for the Future'*** *for all of us –* ***because we want you to exist***

Report submitted January 2006 by Father Joseph Archetti, Programme Director and Dr. Margrethe Juncker, Programme Coordinator

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ANNEX 1

TRAININGS OFFERED TO REACH OUT VOLUNTEERS.

CLINICIANS:

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
JAN. – MAR.	Palliative Care	6 days	3	Hospice Africa Uganda
	Ongoing C.M.E/ C.N.E	Every Wednesday and Thursday	2 Drs. 1 C.O, 12 Nurses	Reach Out
APR-JUNE	Ongoing C.M.E/ C.N.E	Every Wednesday and Thursday	2 Drs. 1 C.O, 12 Nurses	Reach Out
JULY – SEPT.	CME/CNE	On going	All	Reach out
	Training new nurses	On going	7	Reach out
	Home Based Care VCT Follow up	6days	1	Silver Springs
	Palliative care course	6days	1	Hospice
	Training of Trainers	5 days	13	Reach out
	Computer training	Two weeks	3	Nakawa vocational training institute

PERIOD	SUBJECT	NO. TRAINED			DURATION	VENUE OF TRAINING
		Drs.	Nurse	C.O		
OCT. - DEC	CME/CNE though discussions and case presentations	4	25	1	1. 11/2 hrs every Wednesday and Thursday	Reach Out Mbuya
	CME on ARVs in general, drug-drug interactions	4	25	1	2 consecutive Wednesdays in December	AIDS Information Centre (ATIC) – Mulago, Kampala
	Medicine management	0	1	0	3 days	Cardinal Nsubuga Leadership Training Centre, Nsambya - Kampala
	Child counselling	0	1	0	1 year (completed in November)	Mildmay International Study Centre (MISC)
	Diploma in Guidance and Counselling	0	1	0	Will last one year (started in September 2005)	Uganda Catholic Social Training Centre – sponsored ? JOCS
	Upgrading in computer skills	0	5	0	10 days (every Tuesday and Thursday for an hour)	Reach Out Mbuya
	HIV/AIDS treatment preparedness and skills building for women, families and children	0	1	0	4 days	Colline Hotel Mukono offered by the International Community of Women Living with HIV/AIDS
	Logistics and data management of ART – MOH/ Deliver.	1	10	0	2 days	Reach Out, facilitated by DELIVER /MOH

	Follow up of Comprehensive HIV/AIDS care in various health units countrywide	0	1	0	1 week	Ministry of health
	Meeting on East, Central and South African College of Nursing (ECSACON) on preparation for a scientific conference due in August 2006.	0	1	0	1 day	Hotel Equatoria, Kampala
	HIV/AIDS Workshop for care providers and stakeholders(Use of peers in TB/ART medication) – Lessons Reach Out Mbuya	0	1	0	2 days	Rakai Health Sciences Programme – Rakai district
	Care and Management of PLWHAs	0	1	0	18 months (February 2004- to July 2005)	Mildmay International Study Centre – sponsored by CDC Ug.

CATTS/ COMMUNITY SUPPORTERS:

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
JAN. – MAR.	Where is the Good Samaritan	2days	39	St.Kizito/ Reach Out
APR. - JUNE	Home based care package	4days	38	Reach Out
	HIV counselling and guidance	3 wks	2	Reach Out
JULY – SEPT.	Pastoral care	5 days	1	Nsambya
	Home Based Care VCT Follow up for community supporters	6days	2	Silver Springs
OCT. – DEC.	Catering course	Will take 2 months (started on 5th December 2005)	1	Uphill College Mbuya hill

COUNSELLORS:

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
JAN. – MAR.	Psychotherapy And child counselling	2 months	4	Nsambya
	VCT	1 month	1	Nsambya
APR. - JUNE	Home based care package	4 days	12	Reach out
	Home Based Care VCT	6days	2	Mbale
	Cont HBVCT	5 days	2	Mbarara
	Psychotherapy and child counselling	1 month	4	Nsambya

	Refresher course	5 days	12	Reach out
JULY – SEPT.	Home Based Care VCT Follow up	6days	5	Silver Springs
	Training of Trainers	5 days	3	Reach out
	Diploma in Counselling	1.5 years	1	Uganda Catholic Social Training Centre –Rubaga, Kampala
	Computer training	Two weeks	2	Nakawa vocational training institute
OCT. – DEC.	Diploma in guidance and counselling	Will be for 1 year (started November 2005)	1	Uganda Catholic Social Training Centre –Rubaga, Kampala

WFP DEPT.

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
JAN. – DEC.	ACCA (Dept. Head)	On going	1	Correspondence

ROSES OF MBUYA:

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
JAN. – DEC.	Project programme mgt (Dept. Head)	1 ½ years (completed in June 2005)	1	Business School

FRIENDS FOR LIFE DEPT. (FFL):

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
APR. - JUNE.	Home basic package	4days	15	Reach out
	Leadership and Behavioural change		3	Namugongo

ARV DEPT.(TREATMENT IMPLEMENTATION UNIT – T.I.U. DEPT. w.e.f. 4TH QTR):

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
JULY – SEPT.	Home Based Care VCT Follow up	6days	2	Silver Springs

	Training of Trainers	5 days	3	Reach out

CLIENTS (NON-VOLUNTEERS):

PERIOD	SUBJECT	DURATION	NO. TRAINED	LOCATION
JAN. – JUNE.	Where is the Good Samaritan	3days on going	Average(100)	Reach Out –waiting Area
	Adult literacy	On going	As per Adult Literacy report	Reach Out
	Behavioural change on ARVS	4days	¾ of clients on ARV	Reach Out
JULY – DEC.	Logistics and data management of ART – MOH Uganda.	2 days	3	Reach Out, provided by DELIVER – from MOH
	Cotrimoxazole prophylaxis and Nutrition for PLWHAs	An hour every Monday, Tuesday, Thursday and Friday.	An average of 100 clients per day	Reach Out waiting area

TRAINING OFFERED BY REACH OUT TO EXTERNAL TRAINEES:

PERIOD	ORGANISATION REFERING TRAINEE	SUBJECT	DURATION	NO. TRAINIED
JAN. – MAR.	UCSF	Clinical care	14days	7
	IDC	Clinical care	5 hours	30
	Mildmay International	Clinical care	1:30hrs	6
	Hospice Medical students	Clinical care	2 days	3
	Mildmay International	Clinical care	1:30hrs	6
	Counsellors from Kiwoko Hospital	Clinical care	2:00hrs	2
	Counsellor from Rubaga social centre	Placement	1 month	1
APR. - JUNE	Baystate Medical centre (USA)	Clinical care	1 Month	1
	IDC	Clinical care	3 hours	75

	HOSPICE	Clinical Care	4 day	2
	HOSPICE	Clinical Care	3 days	1
	USCF	Clinical Care	1 Months	3
	Kiwoko hospital	HIV comprehensive care	1month	1
JULY – SEPT.	IDC	Clinical care	3 hours	118
	HOSPICE	Clinical Care	1 day	6
	USCF	Clinical Care	1 Months	5
	Kiwoko hospital	HIV comprehensive care	2 month	1
	Kiwoko hospital	Home Based Care(CATTS)	2 weeks	4
	MildMay	Clinical care	5hrs	6
	Chiba University	Clinical care	6 months	1
OCT. – DEC.	IDI Doctors	Clinical care	3 hours	4
	Visiting doctors from Sudan	Home based care	5 hours	7
	HOSPICE	Clinical Care	2 weeks	2
	University of California San Francisco (UCSF)	Clinical Care	6 weeks	6 (2 Residents per 2 weeks)
	MildMay International Study Centre (MISC)	Clinical placement	6 – 8 hrs (every Tuesday)	1
	MildMay International Study Centre (MISC)	Clinical placement (orientation on Reach Out activities)	2 days	1
	MildMay International Study Centre (MISC)	Clinical placement	1 day	5

	Chiba University	Clinical care	Will be for 6 months(since August 2005)	1
	Doctor from UK	Clinical care	Since October 2005, resorted to volunteer as long as possible before getting job	1
	Namugongo Parish	Clinical care	Will be with us for 6 months (started in November 2005)	1

WORKSHOPS, SEMINARS,CONFERENCES ATTENDED

JAN – MAR.	Place	Person attended	Organisers	Subject
17/02/05	Kampala	1	Community network information(CHAIN)	A guide to ART
24/02/05	Kampala	3	Joint Clinical Research centre	HIV/TB Management
January/ 25/02/05	Kampala	1	IDC/PIDC	Reach out overview by one of our volunteers
January	Kampala	1	UGANDA CARES	Reach out overview by one of our volunteers
25/02/05	Kampala	1	PCAU update	Hospice
March/05	Kampala	1	National forum for PLWHAS	Kampala
21-03-05-22-03-05	Kampala-Munyonyo	19	Ministry of Health/AIDS CONTROL programme	4th International AIDS conference
14-03-05-20-03-05	Kabale	1	Ministry of Health/AIDS CONTROL programme	Facilitation of HIV Comprehensive care

APR. - JUNE	Place	Title	Number attended	Organizers	comments
11-04-05-12-04-05	Kampala	Nurse	1	MOH/ACP	Dev't of post training supervision tool

13-04-05	Kampala	Counsellors	3	Good Samaritan	Consultative Meeting.
25-04-05-02-03-05	Kabale	1	Ministry of Health/AIDS CONTROL programme	Facilitation of HIV Comprehensive care	
18/05/05	Kampala	HIV Vaccine	13	UVRI	Centenary square-Kampala
25/05/05	Kampala	Reach out overview	1		IDC
27/5/05	Kampala Hospice	Malignant cancers in Palliative care	2	PCAU update	Hospice
O1/06/05	Kampala	HAART	9		EFV was proved to be effective
02-06-05	Kampala Mukono	WFP QUESTIONAIRE	1	WFP	HIV/TB Management
02/06/05	Kampala	Reach out overview	1	IDC	
	Kampala Nsambya	.Malaria	2	MOH	Use of coartem in the treatment of malaria
	Hospice	Spiritual counselling in palliative care	5	Hospice Africa	Spiritual counselling in palliative care

JULY-SEPT	**Place**	**Title**	**Number attended**	**Organizers**	**Comment**
06-07-05 to 08-07-05	Kampala	New Prophylaxis Malaria treatment	6	MOH	Reach Out CATTS from Giza-Giza who are going to be involved.
21-07-05	Kampala	Supervision tools	3	MOH	Post training Supervision due to take place in August/2005
Mid July	Kampala	Financial mgt	2	Nsambya	Improve financial mgt in Health Unit Co-ordinators.
25-07-05 to 4th-08-05	Kireka Sports View	PMTCT Counselling	4	MOH	As counselling aides in PMTCT