



2008 ANNUAL REPORT



Dr. Stella Alamo, the Executive director ROM, accompanied by some members of staff receives the Best practice award 2008

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Background

Reach Out began in a Christian community and for the first four years carried out services within Our lady of Africa Mbuya Catholic Church. Slowly, our contribution to fighting HIV/AIDS was recognized as the small operation began to grow. Our donors have allowed us to increase our operations and support the holistic model of care we believe in. In April 2006, Reach Out was granted NGO status by the Government of Uganda. Today we reside in our own premises at each of the 3 sites (Banda, Mbuya and Kinawataka).

Reach Out Mbuya Parish HIV/AIDS Initiative serves the poor people of Mbuya Parish, a suburb in Kampala, Uganda. It provides holistic care to over 2800 poor people living with HIV/AIDS. Our unique holistic approach to care and treatment has seen many clients who were hope less, return to a normal healthy life.

Each of the six villages within the Reach Out catchment area is headed by a community supervisor who works with a team of community workers. The community workers are exemplary clients who receive training in home based care and then serve the community in which they reside also acting as a relay between their community and the organization.

Mission

The mission of the Organisation is to provide holistic health care - medical, social, emotional and spiritual support - to People Living with HIV/AIDS in Mbuya Parish and to prevent further spread of HIV/ AIDS in the community.

Objective

The overall objective is to offer a unique model of care to People Living with HIV/AIDS, a model that takes care of the whole person, including the needs of the body, mind, family and community.

TABLE OF CONTENTS

ACRONYMS	4
ACKNOWLEDGEMENTS	5
FOREWORD.....	6
HIGHLIGHTS.....	7
MEDICAL DEPARTMENT	8
Counseling section	8
Clinic Section	9
Adherence Support Section.....	11
<i>ART Sub Section</i>	11
<i>PMTCT Sub Section</i>	12
<i>TB Sub Section</i>	14
Pharmacy Section	14
Laboratory Section.....	15
COMMUNITY DEPARTMENT	16
Community Network of Care	16
Food and Sustainable Projects	18
Friends for Life (FFL)	20
SOCIAL SUPPORT DEPARTMENT	23
Bread of Life section	23
Roses of Mbuya	24
Operation Child Support	25
<i>Operation School Fees</i>	25
<i>Psychosocial support sub section</i>	26
FINANCE AND ADMINISTRATION DEPARTMENT	27
Human Resource Section.....	27
Communications Section	30
Administration Section	32
Finance Section	32
Research Section	33
Internal Audit Section	34
MONITORING AND EVALUATION DEPARTMENT	34
APPENDICES.....	35
Appendix 1	35
Appendix 2	36
Appendix 3	36
Appendix 4	37

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
ARVs	Anti Retro Viral Therapy
ATCS	Adolescent and Teenage Community Supporter
BCP	Basic Care Package
BOL	Bread of Life
CATTS	Community ARVs and TB Treatment Supporters
CDC	Center for Disease Control and Prevention
DNA-PCR	Dioxyribo Nucleic Acid – Polymerase Chain Reaction
EPTB	Extra Pulmonary Tuberculosis
FFL	Friends for Life
HIV	Human Immunodeficiency Virus
IDI	Infectious Disease Institute
M2M	Mother to mother community supporters
MoH	Ministry Of Health
MTCT	Mother to Child Transmission of HIV
OCS	Operation child support
OSF	Operation School Fees
PEPFAR	Presidential Emergency Plan for Aids Relief
PIDC	Paediatric Infectious diseases center
PMTCT	Prevention of mother To Child Transmission of HIV
PTB	Pulmonary Tuberculosis
R/O	Reach Out
SPH	School of Public Health
TB	Tuberculosis
ToT	Trainer of trainers
WFP	World Food Program
WHO	World Health Organization

ACKNOWLEDGEMENTS

We are grateful to CDC/PEPFAR program for this year's ARV drugs and their covering of our operational costs that enable us continue supporting our clients, the Stephen Lewis Foundation who have made it possible for us to run our Medical training course, the Bread of Life Micro Finance, our Grandmothers piggery project and provided food support to our food insecure clients, Population Services International for the basic care kits, community education materials and their support of our Roses of Mbuya workshop through on-going contracts, Global fund/MOH and the National TB program for the medicines, Friends of Reach Out (FORO) for their financial support to our pitiable clients and MMI for their food support to our clients.

We also extend our gratitude to World Children's fund, AVSI, Sid ECOLE, Roses and Uganda Bikers Association whose donations enable so many of our children to stay in school.

We also remember Barclays Bank for their support to the Roses of Mbuya Tailoring School, the Australian government for funding the Beads and craft training.

Special thanks go to Our Lady of Africa Parish which continues to be kind enough to lend us space to do our work. We also thank all our Individual donors for their continued contributions.

To all those whose donations, advice and prayers kept us going through the year and who we rely on to keep us going in the coming years, we are truly grateful.

And lastly a big thank you to all Reach Out staff and volunteers for the great work done this year.

FOREWORD



As we close the year 2008 we look forward to yet another year having accomplished so much. We reached 753 new clients who have been enrolled into care and support; many more people test positive for HIV and we have implemented home based counselling and testing as a strategy to link clients early into care. As the programs are scaled up we have had to refocus our efforts into improving follow up of our clients through the M and E department , community network of care and

adherence support section which have all come up with innovative methods of ensuring loss to follow up is curbed.

Banda site infrastructure has been improved and expanded to provide quality services and is now fully operational. Supported by SPEDAG, we launched a project to build client shelters at the Banda site as a strategy to reduce our expenditure on rent for clients who for social economic reasons are temporarily without shelter.

Reach Out has expanded its services to St.Mary's health Centre III, Kasaala-Luweero and we are excited about the prospects of replicating the Reach Out model to reach more vulnerable people.

Through OSF we have given yet another 988 children an opportunity to get a descent education, a chance to break the vicious cycle of poverty that has been a part of their history.

The excellent services that we take pride in were recognized through the Best Practice Award 2008 by The European Union Civil Society Capacity Building. The award was in recognition of our innovativeness, exemplary work and dedication to empowering communities for sustainable development.

Our in house laboratory received a face lift and can now offer full chemistry and Haematology an improvement that will improve patient management through a decrease in the turn around time of results.

We appreciate the contributions made by our donors and implementation partners. To all Reach Out staff, thank you for the good work.

Dr. Stella Alamo Talisuna
Executive Director, Reach Out

HIGHLIGHTS

- We registered 3846 people for VCT at our sites this year, 91% tested and received their results. We implemented home based VCT and tested 233 clients in their homes. Of all those who tested 30% were HIV positive
- We tested 106 couples and 33% of them were discordant and 23% concordant positive.
- We enrolled 734 new clients this year.
- We have 2820 active clients, 56% of whom are on ARVs.
- We have 230 children as active clients, representing 8% of our clients
- A total of 1797 clients benefited from follow up counselling.
- The annual HIV transmission rates from mother to child were 6.7% for 2008 compared to 8% for 2007.
- A total of 42,059 home visits were made by the community network of care.
- We had 201 clients benefiting from food support under the food and sustainable projects section.
- The WFP, a longtime partner ended its partnership with Reach Out.
- Currently we have 988 vulnerable children supported under Operation school fees programme, up from 433 children supported by the end of last year.
- The sum total of net profits made by the Roses of Mbuya this year was 81,923,433 UgShs.
- The Roses workshop community extension tailoring training reached 53 vulnerable women.
- We conducted a ToT in Beads and craft making supported by the Australian government and 77 women were reached.
- Changes were made to the organisations' organogram and we recruited new staff.
- Through the six month Comprehensive HIV/AIDS course, 23 Nurses from disadvantaged areas were reached.
- A total of 720 visitors, notably His Eminence Emmanuel Cardinal Wamala, Mr. David Mutembezi the Africa Director of MMI, PEPFAR Ambassador Mr. Mark Dybul, Michael Kazatchkine the head of Global fund, the U.S. Ambassador to Uganda Steven Browning and Jimmy Kolker, chief HIV and AIDS programme division UNICEF.

MEDICAL DEPARTMENT

Counseling section

The counseling section provides psychosocial support to all our clients and their families' right from pre-test, posttest period, linking to ART services up to the end of the care in the program.

HIV counseling & testing services at Reach-Out

We registered 3846 clients for VCT at our sites this year, we had 3518 (91%) test and receive their results, of those who tested, 1859 were females and 1659 were males. We had 95 clients receive pre-test counseling but declined to test mainly due to fear of the results.

We implemented Home based VCT and 233 people tested, of these 11 tested positive and were linked to care. In total we had 1116(30%) people test HIV positive and of these 734 (66%) were enrolled into care at Reach-Out. *For details see appendix 1.*

Couples' VCT

Discordant HIV serology result being one of the high risk factor for HIV transmission therefore we put emphasis on couples. Through the year 106 couples were counseled and tested together for HIV, 33% of the couples were discordant, 23% concordant positive and 44% concordant negative.

Discordant couple intervention

The counselors organized community meetings to sensitize the couples on the intervention plan and the assessment criteria that included verification of the discordant couple's both in person and residence. A total of 59 couples were reached and assessed. The retest of the negative partners was also done during the exercise and two of the negative partners had sero-converted. This calls for a faster intervention to try and reduce the spread of HIV infection. The intervention will include teachings on: understanding discordance, Risk reduction measures, couple communication and the importance of couples' continuous counseling among others.

For the discordant couples that have been with us for a longer period, (46 couples), we continued to give them psychosocial support through couple counseling and monthly meetings.

On going counseling

This is a service that we offer to clients and their families. A total of 1797 were counseled and the main areas covered included: ART issues, HIV test issues, Adherence, Social problems, Alcohol, disclosure and risk reduction measures among others.

A summary of ongoing counseling issues at Reach Out, 2008

Issues addressed	Males	Females	Totals	Percentage
Copying with HIV test results	254	363	617	34.3%
Pre ART individual counseling	162	208	370	20.6%
Adherence to ART/prophylaxis	126	219	345	19.2%
Social problems	48	76	124	6.9%
Alcoholism in relation	63	39	101	5.6%
Missed appointments	42	51	92	5.1%
Disclosure (supported issues)	15	28	43	2.4%
Adherence to TB drugs	16	13	29	1.6%
Risk reduction methods	12	12	24	1.3%
Pregnancy related issues	3	14	17	0.9%
Depression	3	11	14	0.8%
Domestic violence	3	4	7	0.4%
stigma	0	7	7	0.4%
Bereavement	2	1	3	0.2%
Smoking	2	1	3	0.2%
Re-enrolment	0	1	1	0.1%
Totals	750	1,047	1,797	100%

Alcoholics' Anonymous club

Alcohol is one of the causes of poor adherence among our clients.

Counselors conduct AA seminars to share life experience with Alcohol and how to overcome the problem. Two seminars were conducted during this year, attracting 67 members and among issues discussed were; effects of Alcohol on individual and family, Dangers of taking alcohol with drugs, issues to consider when one wants to stop taking alcohol and the way forward for AA members.

However, the turn up of the clients is still poor, due to denial and stigma associated with alcohol.

Clinic Section

Consultations

We had a total of 19,800 clinic consultations made. The reach Out model continues to utilize the nurses in the clinic, with a medical doctor available for complicated cases.

Clients on HIV prophylaxis, clients on ART and non-TB clients with CD4s above 500 are continually given longer appointments, to reduce the client waiting time and workload to clinicians.

Home visits

A total of 328 home visits were made, a decrease of 26.7% from 2007. This could be due to Clients stabilizing on ART and improved quality of care. *For details on clients who were home visited see appendix 2*



A clinician examines a client during a home visit

Hospital visits

ReachOut being an out patient clinic (Health centre II); clients that need admission and close monitoring are referred to near by hospitals. These clients are then followed up by the assigned clinician every Wednesday of the week to ensure they receive the care they deserve. We no longer refer patients to General military hospital because the hospital has been relocated to Nakasongola District.

Most patients are admitted at Mulago national referral Hospital this is for various reasons including availability of highly trained staff, it is a government Hospital and hence no charge to the clients. A total of 706 clients were referred.

Referrals for specialized investigations at Reach Out, 2008

Reason for referral	No.	Place
Specialized Investigations		
CXR, Abdominal ultrasound	536	Bugolobi Nursing Home, Paragon Hospital
Biopsy for Histology	15	IDI and chemo!!!
CBC,LFTS,RFTS	4	
Specialist consultation		
Obstetric &Gynecology	38	Mulago National referral Hospital
Ophthalmologic	33	Mulago National referral Hospital
Dental	31	Mulago National referral Hospital
General surgical	31	Mulago National referral Hospital
Mulago ENT clinic	15	Mulago National referral Hospital

Chemotherapy	14	Mulago National referral Hospital
Respiratory	10	Mulago National referral Hospital
Dermatologist	6	Mulago National referral Hospital
Orthopedic clinic	5	Mulago National referral Hospital
Nutritional rehabilitation	4	Mulago National referral Hospital
Psychiatric	4	Butabika hospital
Neurology	4	Mulago National referral Hospital
Hypertensive clinic	4	Mulago National referral Hospital
Urology	3	Mulago National referral Hospital

CXR numbers are high because TB is one of the commonest opportunistic infections in HIV, Gynecology and obstetric conditions are increasing so we have made arrangements with a consultant who comes in when the need arises.

Adherence Support Section

This section is divided into three subsections, as its name suggests it helps to ensure clients' adherence to drugs.

ART Sub Section

It is now five years since the ART program at Reach Out was started. We have three sponsors; JCRC, PEPFAR and MOH. At the end of 2008, we had a total of 1601 active clients on ART, compared to 1544 at the end of 2007. This year we have enrolled 342 clients on ART (including 13 children). Thirty seven of our clients on ART died, including one child, most of our clients died due to opportunistic infections such as: TB, cryptococcal meningitis, kaposi sarcoma etc. The mortality rate of clients on ART dropped by about 16%.

Active clients on ART by lines of regimen at Reach Out, 2008

Lines of regimen	Females	Males	Total
Total number of active clients on first line Regimen	993	490	1483
Total number of active adults on 2 nd line regimen	22	17	39
Total number of active children on 1 st line	37	38	75
Total number of active children on 2 nd line.	1	3	4

In line with the government policy on ART most of our clients are on AZT-3TC based regimen. To enhance adherence, we prefer fixed dose combination drugs and to cut cost of drugs we use generic drugs when available. *For details on ART regimen see appendix 3*

Clients on ART at Reach Out, 2008

Month	Newly started		Lost to follow-up		Transfer				Started on 2nd-line		Treatment stopped		Death occurred	
	Ad	Ch	Ad	Ch	Ad	Ch	Ad	Ch	Ad	Ch	Ad	Ch	Ad	Ch
Jan	22	1	0	0	0	2	5	0	1	0	1	0	4	0
Feb	23	2	13	0	0	0	2	0	0	0	0	0	2	0
Mar	31	0	2	1	0	1	2	0	0	0	0	0	2	0
Apr	34	0	4	0	0	0	4	0	3	0	0	0	7	0
May	39	0	0	0	1	0	6	0	0	0	0	0	4	0
Jun	27	0	7	1	0	0	3	1	2	0	0	0	2	0
Jul	33	2	8	1	0	0	4	0	0	0	0	0	1	0
Aug	35	2	2	0	0	0	6	0	2	0	0	0	4	0
Sep	24	2	21	1	0	0	7	2	0	1	0	0	1	1
Oct	25	0	2	0	7	1	0	0	0	0	0	0	1	0
Nov	29	2	2	0	0	0	9	0	0	0	0	0	3	0
Dec	7	2	4	0	0	0	6	0	0	0	0	0	5	0
Total	329	13	65	4	8	4	54	3	8	1	1	0	36	1

* Ad represents adults (at least 18 years of age) and Ch represents children (less than 18 years of age)

Client monitoring on ART

Patients on the ART program are monitored using; clinical and laboratory examinations especially the CD₄. Viral load test are only done on patients with suspected ART treatment failure.

Absolute CD₄ cell count

A total of 3998 absolute CD₄ tests were carried out; 637 were newly enrolled clients and 3418 were old clients. All clients have their CD₄ count tested every six months. The follow-up absolute CD₄ cell counts are analyzed and responded to accordingly. We had 52.4% of the clients who underwent baseline CD₄ testing eligible for ART. This means at point of enrolment many of the clients are already too ill.

Viral Load Testing

A total of 30 clients were bled for viral load testing due to suspected immunological and clinical failure. Of these 16 had their viral load result below 400 viral copies/ml and thus underwent on going adherence counseling and 10 were switched to 2nd line regimen, while two clients are in the process of switching to 2nd line, they are being prepared and went through adherence counseling, one clients' regimen was changed and two clients were being tested as follow up since they had been switched to 2nd line.

PMTCT Sub Section

The Sub section is responsible for the prevention -of- mother to child HIV infection. The annual HIV transmission rates from mother to child were 6.7% for

2008 compared to 8% for 2007, we used single dose of Nevirapine, and AZT+3TC (combivir) PMTCT prophylaxis and AZT+3TC based regimen (HAART), SD NVP syrup +AZT syrup to infants ranging (1 week- 4 weeks) . We hope to continue reduce transmission rates next year with the continued strengthening of the PMTCT related activities.

During the course of the year we handled 255 mothers-baby pairs and followed them to the end point of 18 months. This included; 132 pregnant mothers who were newly enrolled out of which 23 mothers attended counseling with their partners. We referred 24 mothers to Naguru Health center.

Ante natal care

As part of our routine clinical care for women in reproductive age group, we screen all for pregnancy when there is history of two months of amenorrhea. We therefore screened 232 women and 100 were found to be pregnant, together with 12 pregnant women who were discovered during clinical assessment. A total number of 112 mothers were linked to PMTCT services. The majority (57%) received ART prophylaxis (AZT/3TC) at 32 weeks and Nevirapine single dose at onset of labour and the rest on HAART treatment (58/36%). Male involvement in PMTCT couple counseling was at 21% (23/112) while the remaining 89 attended without their partners.

We follow-up all pregnant mothers up to the gestation age of 28 weeks before referral for the final preparation and delivery at Naguru Health Centre. A total of 70 were referred and 40 are still being followed.

Deliveries

A total of 100 mothers delivered in 2008; of which 57 of were on HAART treatment and 43 on HAART prophylaxis. The babies were 62 females and 38 males including three intra uterine fetal deaths (IUFD). Unfortunately one mother died 12 hours after delivery.

All the mother infant pairs were managed according to the PMTCT guidelines.

HIV transmission outcomes

A total of 105 infants underwent DNA-PCR test; 98 (93%) were found HIV negative while seven tested HIV positive. The follow up tests at 18 months of age were done (rapid test), 43 were found to be HIV negative again and were discharged from the Program. We lost seven infants with unknown sero status.

Feeding options: All the 105 mothers were counseled on feeding options and made the final decision whether to breastfeed or not. Majority (75 mothers) opted for exclusively breastfeeding for 3 months with accelerated weaning. The remaining 30 opted for replacement feeding using cow's milk. Six infants exclusively breastfed tested positive using HIV DNA PCR as compared to one infant on replacement feeding.

Infant Mortality/abortions

We had 12 abortions 12 infant deaths mainly due to neonatal related (birth asphyxia, prematurity), diarrhea and Heart failure.

TB Sub Section

All new clients who are suspected of having TB at the point of HIV testing are tested for TB, in order to curb the spread of TB and protect their families and communities from TB infection. This year, 335 clients were screened for TB with 17% testing positive and started on anti-TB drugs.

At the end of 2007 we had 117 active clients on TB treatment, this year we enrolled 211 clients on TB treatment, 223 clients achieved an out come by the end of the year leaving 113 active on TB treatment by the end of 2008.

TB diagnosis made by quarter at Reach Out, 2008

Quarters	Sputum smear positive	Sputum smear negative	PTB no smear done	Extra Pulmonary TB	Total
Qtr 1	23	12	6	9	50
Qtr 2	25	9	24	6	64
Qtr 3	28	10	12	5	55
Qtr 4	19	10	6	7	42
Total	95	41	48	27	211

TB screening

Clients screened and diagnosed for TB by quarter at Reach Out, 2008

Quarter	Clients screened for TB	Clients diagnosed with TB	% of clients diagnosed
First	112	15	13.4%
Second	47	12	25.5%
Third	111	14	12.6%
Fourth	65	16	24.6%
Total	335	57	17.0%

TB treatment outcome

Reach out Mbuya being in a periurban area, this has a bearing on default rates of patients on Tb treatment. This is being addressed by the evaluations being carried out in relation to the client attrition and TB outcome. Sensitization meetings have been held with clients, community health workers, clinical, laboratory, pharmacy and adherence staff on this issue.

Pharmacy Section

The pharmacy section ensures quality pharmaceutical services.

Drugs are funded by: PEPFAR, Ministry of Health Uganda, Clinton foundation and the catholic medical bureau.

Majority of ARVs are obtained through PEPFAR 53.3 %, followed by Ministry of Health 43.9 % with 2.6% on JCRC and 0.2% on Clinton Foundation (which specifically provides for children's ARVs).

In cases where a client needs drugs that are not stocked by Reach Out, emergency purchases are made from reputable pharmacies.

The pharmacy storage facilities have been revamped; the central stores now have air conditioning ensuring proper storage of our drugs. We also had a new storage area put up in Banda. We developed standard operating procedures for the pharmacy and the drug ordering process has now been streamlined.

Laboratory Section

Laboratory results for Reach Out, 2008

TESTS		No. Positive	No. Negative	TOTAL	% Positive
SPUTUM	Screening	73	392	465	15.69%
	Diagnostic	149	932	1081	13.78%
	Follow up	20	198	218	9.17%
Beta-HCG		100	132	232	43.10%
BLOOD SLIDES		256	650	906	28.26%
URINALYSIS		44	105	149	29.53%
STOOL ANALYSIS		13	58	71	18.31%
HB	Screening	133	703	836	15.91%
	Diagnostic	46	101	147	31.29%
TPHA/VDRL		11	143	154	7.14%
TOXO TITRE		17	249	266	6.39%
LYMPH NODE ASPIRATE		03	09	12	25.00%
HIV	Male	474	1128	1602	29.59%
	Female	687	1215	1902	36.12%
CRAG	Screening	14	305	319	4.39%
	Diagnostic	10	52	62	16.13%
L.F.T		21	203	224	9.38%
R.F.T		02	29	31	6.45%
HEAMOGRAM		03	31	34	8.82%
BLOOD SUGAR		17	101	118	14.41%
WIDAL TEST		01	05	06	16.67%
BLOODGROUP		-	-	36	-

This year we acquired a number of laboratory equipment including;

- Hematology analyzer machine
- A chemistry analyzer machine for chemistries and electrolytes
- An autoclave for sterilizing surgical and other laboratory / clinic equipments
- A binocular CX 21 electrical microscope
- A fluorescent microscope

This has not only helped improve laboratory services at Reach Out, but also reduced on the time and costs of doing investigations off site.

COMMUNITY DEPARTMENT

Community Network of Care (CNC)

Community Network of Care's objective is to ensure that all clients adhere to their drugs and are supported in any other psychosocial needs at home. The section comprises two sub programs; Together for life and CATTs.

Together for life program comprises of Mother to mother and Adolescent and Teenager community supporters who provide psychosocial support to all R/O teenagers and adolescents, pregnant women, their families and ensure that mothers attend PMTCT activities and adhere to treatment. The CATTs ensure that all clients have a sense of hope through counseling and encouraging drug adherence.

Clients on strong medications like ARVs and TB are monitored more frequently, and those on prophylaxis treatment are monitored at least once a month. Community monitoring is very important to both clients and Reach Out, it gives us a clear picture of the impact of our service delivery and aids objective decision making. It also helps the clients understand that there is a second chance at life even after contracting HIV/AIDS, by socializing with the community workers and fellow clients they gain hope for the future.

This year we expanded the Reach Out catchment area to include zones 11 & 12 for Nakawa and zones 8 and 9 for Giza. This was done because of the increasing number of clients living outside the catchment area because they could no longer afford rent within the catchment area.

This year the Community Network of Care made a total of 42,059 home visits compared to last year's 38,845 home visits. As a result of home visits, various issues have been identified and strategies to address them devised. These issues include; poor drug adherence especially among new clients, children and long distance workers. The new clients enrolled for ART and TB drugs seldom want to take their drugs due to stigma and lack of food.

Through our Mother to Mother support, we have been able to reach 255 mothers. These were offered support in terms of on-going reproductive talks, antenatal care, family planning and general health talks. The teenager and adolescent section made visits to a total of 220 client children. Emphasis is placed on children with poor drug adherence and those without responsible care takers. The children mainly had issues with: drug adherence, poor school attendance, mistreatment at home, bad behavior among some children and lack of proper revision facilities at home.

HIV Basic care package (BCP)

The HIV basic care package comprises a safe water system, two long lasting treated mosquito nets, cotrimoxazole and IEC materials. This year a total of 73 staffs underwent refresher training in message delivery on the distribution of

these packages. This package is given to clients to help in reduction of diarrhea and malaria cases, this year a total number of 5,062 Clients (3285 females and 1709 males) were reached, a total of 704 kits, 1965 water guard bottles and 795 filter cloths were distributed. The HIV Positive peer educators are charged with providing knowledge on using the basic care package and sensitizing the communities on the importance of cotrimoxazole, malaria prevention, safe water, hygiene, a health diet and positive living.

Post-test club

The club's goal is to promote the fight against stigma and discrimination of people living with HIV/AIDS within Mbuya Parish. A total of 150 presentations (music, dance and drama) were made to people within and outside the catchment area.

Village Meetings

The village meetings provide a forum for our clients to give feed back to us, their service providers. Each of the six communities holds a clients' meeting once a month. This year we've had various discussions such as; Service delivery, Drug adherence, Hygiene, Alcohol, Stigma and discrimination. Continuous address of client centered issues enabled us reach a total of 3201 clients, compared to last year's 2,523 clients.

During these meetings, clients were continuously encouraged to speak about HIV/AIDS to their children since home is the first school.

Clinic Health talks

Clinic health talks are carried out every morning on each clinic day at the three different sites of Reach Out, this year the topics ranged from hygiene, Adherence to drug side effects, Nutrition and all topics that affect an HIV/AIDS client's life. This year, a total of 2,348 clients were reached with messages, and 1430 were females and 858 males.

Grant and Material support

FORO supports our clients with grants and material support, this year a total of 157 clients were assessed for grants and material support; 77 clients were eligible for material support and accommodation grants.

We also had a total of 654 material donations which were given out to the clients.



The picture above shows the kind of homes many of our clients live in. This is a family that lives in a valley, their house is made of polythene, old clothing, reed and a mud floor, water oozes out of the floor at all times, in the rainy season they stand all night.

Food and Sustainable Projects

This section provides food support to our food insecure and vulnerable clients. This is done by working in partnership with various international and local organisations involved in the fight against HIV and AIDS. We had the WFP partnering with us in this area from June 2002 to March 2008, when it phased out support to people with AIDS.

A new food strategy was developed after the WFP phasing out which is funded by the Stephen Lewis Foundation (SLF), and Medical Mission International (MMI).

Under the SFL funding, 100 households are to benefit for one year. In order for more households to benefit under this program each household is supported for at least three months, and depending on the index clients' clinical status they will be phased out and replaced with another household which needs the support. The entry point for this support is a client who is food insecure, priority is given to clients on ARVS or on TB treatment.

Two hundred clients were identified, assessed and scored to determine their eligibility for support. One hundred one (101) clients were deemed legible for the support; Eligible beneficiaries received food from October to December 2008 and are to be phased out in January 2009.

Food commodities were distributed in two household categories; i.e. households comprising of one to four members received the same amounts of

food(12.5kg maizemeal,4.16kg beans,8.33kg csb and 1.85kg of oil), households comprising five members and above also received the same amounts(25kg maizemeal,8.33kg beans,16.66kg corn soya blend and 3.7kg of cooking oil).

Beneficiaries and amount of food distributed from Oct to Dec 2008 under SLF

Type of Drug	Gender	Beneficiary category		Type of Food MT			
		Primary Beneficiary	Secondary Beneficiary	Maize meal	Beans	Corn Soya Blend	Oil
ARV	F	50	172				
	M	7	132				
		57	304	3.288	1.095	2.191	0.487
Prophylaxis	F	33	122				
	M	9	88				
		42	210	2.113	0.74	1.408	0.313
TB	F	2	3				
	M	0	3				
		2	6	0.063	0.021	0.042	0.009
Total	F	85	297				
	M	16	223				
		101	520	5.464	1.856	3.641	0.809

Under MMI, 90 households with HIV positive children are to benefit for one year. Priority is given to child headed households as they are the most vulnerable. Each of the communities identified and submitted names of children for assessment; 150 households were assessed and 90 households were selected. After the first food distribution in August 2008, we realized there were sufficient funds to purchase food for at least 10 more households so the number of beneficiaries was increased to 100 households in September to date.

Beneficiaries and amount of food distributed from Aug to Dec 2008 under MMI

Type of Drug	Gender	Beneficiary category		Type of Food MT			
		Primary Beneficiaries	Secondary Beneficiaries	Maize Meal	Beans	Corn Soya Blend	
ARV	F	26	143				Formatted: Font: 11 pt
	M	20	100				
		46	243	3750	1249	2499	Formatted: Font: 11 pt
Orphans	F	1	24				
	M	5	12				
		6	36	400	133	266	Formatted: Font: 11 pt
Prophylaxis	F	22	125				
	M	20	72				
		42	197	2863	913	1908	Formatted: Font: 11 pt
TB	F	1	9				Formatted: Font: 11 pt
	M	2	6				Formatted: Font: 11 pt
		3	15	250	83	167	Formatted: Font: 11 pt
Total	F	50	301				Formatted: Font: 11 pt
	M	47	190				Formatted: Font: 11 pt
		97	490	7.263	2.378	4.840	Formatted: Font: 11 pt

The section also carried out income generating projects, such as the grandmother's piggery under SLF funding, the catering group funded by the Kenny Family, Vegetable gardens including mushrooms, funded under SLF with technical support from the great generation of UK. We had a team of six members from the Great Generation (UK) who trained a team of 70 community members including clients on vegetable farming in November. This training was for duration of two weeks and preparing the nursery beds, transplanting the vegetable seedlings and weeding. They brought in a number of foreign seeds; we hope to have our first harvest in the first quarter of next year.



A member of the great generation with some community members in the garden

In partnership with MoH we implemented a Rutf (plumpynut) program for home-based management of malnutrition in HIV positive children.

Friends for Life (FFL)

Friends for life is the prevention and sensitization arm of reach out. This year we had a number of activities; A Behavior change seminar, Sports gala, Couples seminars and a teachers' workshop. We were able to hold a one day training for our facilitators on creative facilitation skills by the bridges of hope in partnership with Stanbic Bank, Entrepreneurship training in the community, Hygiene and environmental exercise with the great generation.

Good Samaritan

This program targets women, majority of who are single mothers and widows. This year, the Samaritan program discussed various topics such as: nutrition,

marriage, positive living, and HIV/AIDS prevention among others. Some members of the community participated in the hygiene exercise with the great generation team.

Clients reached through Good Samaritan program at Reach Out, 2008

Quarter	Total	Male	females
1 st	412	119	293
2 nd	1082	277	752
3 rd	1758	486	1272
4 th	2001	547	1413

Operation Gideon

The program targets the males in the community; it aims at establishing their social responsibility in our communities in response to the HIV/AIDS scourge.

This year, two new groups were formed and training needs assessments done to assess key issues. The key issues identified were: Conflict resolution skills, alcoholism, child abuse, nutrition, HIV and need for VCT. During the course of the year we tackled these topics.

We held a men's seminar which attracted 139 participants (men) from the different communities.

Number of clients reached through operation Gideon at Reach Out, 2008

Quarter	Total	Males	Females
1 st	115	101	14
2 nd	309	171	19
3 rd	726	604	122
4 th	1038	522	187

Adult literacy

This is a section that gives basic literacy skills to our illiterate clients. Teaching them how to read and write enhances their ability to adhere to their drugs and boosts their self esteem. This year, the section concentrated on mobilizing new learners in the different communities, through the church, volunteers and learners themselves. The learners made a trip to the Entebbe World life centre to see the various animals. The performance was encouraging as all the learners were able to score above average.

Number of learners who attended the classes at Reach Out, 2008

Quarter	Total	Clients		Non- Clients	
		Male	Female	male	female
1 st	125	6	37	26	57
2 nd	82	5	18	17	42
3 rd	147	7	18	26	96
4 th	150	14	25	20	91

In- School

This is a program which targets young people in school to equip them with life skills and sensitize them about HIV/AIDS. This year topics discussed include: Road of life, being a boy, being a girl, HIV/AIDS, and peer pressure. Our objective was to help the young people live focused lives and set goals that can be a guide as they study. We also worked with the Great Generation Volunteers in different schools where they acted skits on hygiene. The program attracted 2036 young people with 924 males, 1112 females.

Couples for life

This program targets married couples and its purpose is to promote healthier family relationships and sensitize them about HIV/AIDS.

We held various seminars to create awareness on the need for faithfulness in marriage as a means of preventing HIV/AIDS and the enhancement of healthier relationships among married couples. Another couples' program was held with the overall purpose of improving HIV awareness amongst couples, improve effective communication (dialogue) and promote HCT uptake. The seminar attracted a total of 59 couples from four different communities; Acholi quarters, Banda, Giza Giza and Nakawa.

Youth

This program targets youth out of school. The program aims at helping the youth appreciate the beauty of life and develop relevant approaches to life challenges. This year, we held a two days behavior change program on building youth entrepreneurship skills and had a sports gala to crown it. We were able to equip them with information on sexuality, HIV/AIDS and life skills to enable them make informed decisions. The youths were also involved in the Great Generation hygiene week to promote hygiene. The youth also held a talent show which attracted 192 youths from various centers and communities.

A youth group was formed which will be going out to schools and communities to sensitize their fellow youths .The youths also attended a youth day

organized by Kampala archdioceses to enrich them spiritually. We also had a youth camp at Nabinonya.

Participants in Youth Out of School activities at Reach Out, 2008

Quarter	Total	Male	Female
1 st	330	236	94
2 nd	441	226	134
3 rd	494	322	172
4 th	457	276	160

SOCIAL SUPPORT DEPARTMENT

Bread of Life section

Bread of Life is a microfinance program designed for the clients of Reach Out, it provides loans to our clients specifically to encourage income generating activities at a modest interest rate of 10%, We also give loans to staff at a higher interest rate of 18%. Loan amounts usually range between ugshs.100, 000 and 500,000.

Reach Out has a Grandmother's program, where elderly women access loans to help them start up income generating activities. To date 50 grannies have benefited from the loans. The purpose of this program is to reach the vulnerable children who are often left in the care of their grandmothers who may not be in position to support them. Many of the children are orphans with no one to turn to except their grandmothers.

This year, we also began giving loans to caregivers of the OVCs even when they are not grandmothers or clients of Reach Out. This will enable us to reach out to the entire HIV affected household and not just the single client. So far three groups of caregivers have been given loans.

The loans are only given to clients whose health is stable. The loans are given out in groups of 5 to 10 people; each group selects its own members. Group lending encourages peer support, timely repayment of loans as the members monitor each other and sharing of business ideas.

Every client who receives a loan must go through business training, which covers areas such as: records keeping, customer handling, savings and market research.

This year we gave out 260 loans and baseline assessments were done for all those who received loans, after twelve months a reassessment is done to ascertain the progress made.

Loans' given out by category and amount at Reach Out, 2008

CATEGORY	GIVEN OUT	COLLECTED
staff loans (18% interest rate)	75,500,000	57,804,185
catering group	700,000	462,000
others (10% interest rate)	14,050,000	6,505,000
grannies (10% interest rate)	8,950,000	4,293,000
Total	99,200,000	70,154,685

Roses of Mbuya

Roses of Mbuya is a tailoring workshop offering practical skills and employment to Reach Out clients. Products made include clothing, household accessories like Kitchen wear, beddings, and gift items like paper bead jewelry, and handmade cards.

Contracts

The Roses were contracted by PSI, St Kizito contracts. OCS, Keserena Children's clinic, Family Health International, Wisconsin University, Injury control center Mulago hospital, Sports TV, LALA day care and kindergarten among others to make customized products

Roses of Mbuya's Income and expenditure, 2008

	Income (Cash)	Expenditure	Liabilities	Stock	Gross Income	Net Profit
Total	106,775,615	95,549,782	28,385,000	42,312,600	177,473,215	81,923,433

Projects

In 2008 Roses implemented two projects; The Barclays sponsored tailoring training took place at Banda site and the Australian Embassy sponsored Beads training took place in the different communities;

The Barclays tailoring training that started in late April benefited 53 vulnerable female clients from Reach Out communities. The training which lasted three months enabled clients learn tailoring skills and improve their ability to generate income and hence their livelihoods. The participants are currently doing their personal businesses using skills acquired.

The second phase of the community based beads training under the Beads of Hope Project was implemented at three different Reach out sites, it lasted four months and benefited 77 trainees (including one male). The trainees learnt to make paper beads, bale binder and palm leave bags.

Exhibitions

This year Roses participated in 4 exhibitions: Hotel Africana during the PCAU conference, PEPFAR Meeting at Serena hotel, Mbuya site during the Great Generation cultural gala and Lincoln International School in one of the International Womens' organization exhibitions. In order to market the Roses' products, we have fabricated a Kiosk at St Kizito Primary school that will be used to sell Roses' products.

Donations

The year 2008 Roses received a number of donations; 219 pieces of sewing thread from Fr John of Our lady of Africa church Mbuya, Ushs 100,000/= from Bayport Uganda and canvas materials (that had previously been used for advertising) from Coca-Cola that will be used to make bags for schools and any other people that may need bags.

Roses Skills Assessment

In preparation for future vocational trainings an independent consultant was contracted to assess the skills of the Roses team, to address the actual training needs and a report was submitted. This report informed the decision to implement knitting, tailoring skills improvement and weaving projects within the Roses section, this will commence in January 2009.

Operation Child Support

Operation School Fees

Mosquito Nets distribution

We distributed 118 mosquito nets to OVC's. Most of the beneficiaries were children in lower primary school. During household assessment we discovered that these children were prone to malaria infection. This was therefore a measure to reduce the incidences of disease burden in these households.

Mosquito Nets distribution by age group and sex at Reach Out, 2008

Age group	Sex		
	Male	Female	Total
5 - 8 yrs	18	25	43
9 -12 yrs	21	25	46
13 -16 yrs	15	14	29
Total	54	64	118

Children in School

This year 28 OVC's (16 females and 11 males) were admitted to Nile Vocational Institute-Jinja and one female was admitted to YMCA Kampala. They were enrolled for various courses such as: catering, nursery teaching, motor vehicle mechanics, and electrical installations. The Students will be awarded certificates and diplomas accordingly on completion of their courses.

We also support a number of children in both Primary and secondary school. Education is vital in equipping these disadvantaged children with hope for a better tomorrow. All sponsored children received scholastic materials. The AVSI and CDC sponsored children received shoes as well.

Children supported by Reach Out, 2008

Sponsorship	Primary	Secondary	Vocational Training	Total
ROSE	165	7		172
SIDECOLE	72	3	4	79
Uganda Bikers	45	9		54
FORO	0	32		32
AVSI	46	45		91
ROM	73	7		80
CDC	259	197	7	463
Stephen Lewis Foundation			17	17
Total	660	300		988

Accommodation support

In a bid to improve the quality of life of OVCs and their households, our donors aided the development of a shelter for one of the OVCs in Acholi quarters community. The building where the child was living was at the verge of collapsing and had put the life of the OVC and her grandmother at risk. However with support from Sid Ecole, the family now has a comfortable place to call home

Psychosocial support sub section

Friend's Forum

The Friend's Forum started in the last quarter of 2008 with a few HIV Positive children (clients of Reach Out). We are trying to build the children's esteem; people skills and creating a bond between them that will enable them share their personal experiences and care for each other. Every month we have a theme that guides the children's' narrations.

Child therapy

Child therapy activities centred on encouraging children to express themselves freely. Children participated in drawing, singing, playing with toys, story telling and outdoors activities. These enable them reflect their feelings and their situation at home. Most of the children were cooperative, able to concentrate, social and friendly. Some were very lively and curious right from the beginning, whereas others needed some time to acclimatize. During the sessions the children improved their bonding skills.

Saturday children's club

We had an average of 354 (51% females) children attending each Saturday.

Children's Participation in various activities at Reach Out, 2008

Activity	No of Participants	
	Male	Female
Physical exercise	169	173
Personal Hygienic	169	173
World Aids day trainings	86	43
Friends Forum support group	15	22
Spiritual counseling	169	173
Home visits /follow up	4	2
Individual counseling/ongoing	8	10
Child therapy and development	7	8

FINANCE AND ADMINISTRATION DEPARTMENT

Human Resource Section

Recruitment & Selection

The year we made some changes to the ReachOut organizational structure and two Coordinator Positions were elevated to the position of Director to cater for the expansion of Medical Services and Finance and Administration. Communication section was placed under the Human Resource section and the Human Resource Officer's position was raised to coordinator level and the title changed to Human Resource and Communications Manager. New recruitments to fill approved positions include; two director, one senior accountant, one senior internal auditor, two accountants and one cashier.

In the Medical department, the Medical Coordinator position was phased out at Mbuya site and created for the Kasaala site, Mbuya site will have a senior medical officer. These two will report to the Director Medical services.

The Operation Child Support (OCS) section was created to replace operation school fees (OSF), OSF become a subsection under OCS. We also created another subsection under OCS; the psychosocial support unit. This was done after a number of visits and consultations with organizations running similar programs.

Staff Evaluation/Appraisal

This was done at least twice during the duration of each staff's contract, majority of the staff have already signed new contracts. We plan to train the managers in carrying out performance appraisals, after recruitments for Kasaala site have been done.

Employee of the year

Mr. Opoka David, a TB Assistant in the medical department was selected the employee of the year 2008/2009 and the runner up was Mr. Kamunvi Eric the Administration Officer in the Finance and Administration department.



Mr. Opoka, the employee of the year is congratulated by other members of staff

Volunteers

A total of 139 volunteers were received this year, 49 of whom were foreign volunteers. Volunteer time sheets were developed and are distributed to volunteers to enhance supervision. The volunteers in their respective departments engage in several activities such as: report writing, taking minutes in meetings, Counseling, Home visits, Food and School fees assessment, Records management, Pill counting, Prescription, loan monitoring and marketing of Reach Out products depending on the departments they choose to volunteer in.

VSO - Uganda formed an alliance of all volunteer utilizing organizations and in October a team of 11 participants visited Namibia on a study tour to learn how National Volunteering Policy can be developed and integrated in the employment policies of Uganda. The Human Resource Officer of Reach Out was part of the team and was nominated the secretary of this alliance.

From its inception, Reach Out has been an attractive learning choice for many universities and stake holders from within and outside Uganda. We had up to 33 students coming on placement for various durations.

Staff Training & Development

Internal Trainings

Comprehensive HIV/AIDS training (SLF)

We enrolled two groups of Nurses and clinical officers for the six month comprehensive HIV/AIDS palliative care course. The first lot of 12 participants

was recruited in June 2008 and the second lot which was recruited in October had 11 participants, all participants were clinical officers and nurses mainly from upcountry health centers.

Distribution of first group of trainees by district, 16/6/2008 to 16/1/2009

No	Health center	District	No of personnel trained
1	Sironko Health centre	Sironko	1
2	Bata Health Centre iii	Dokolo	1
3	Bumbo Health Centre III	Manafwa	1
4	Rukoki Health Centre III	kasese	1
5	Rakai hospital	Rakai	1
6	Amai Community Hospital	Amolatar	1
7	Tiriri Health Centre	Soroti	1
8	Kilembe Mines Hospital	Kasese	1
9	Kidera Health Centre IV	Kamuli	1
10	Tongolo Nyenga Health Centre	Mukono	1
11	Kasanda Health Centre IV	Mubende	1
12	Kasala Health centre III	Luwero	1

Distribution of second group of trainees by, 20/10/2008 to 20/4/2009

No	Health Centre	District	No of Personnel trained
1	Kambuga Hospital	kanungu	1
2	Kyatiri Health centre III	Masindi	1
3	Bwera Hospital	Kasese	1
4	Kasala Health Centre III	Luwero	1
5	Atatur hospital	Kumi	1
6	Mama Kevina Health Centre II	Soroti	1
7	St. Claire Health Centre III	Amuria	1
8	Oluvu Health Centre	Arua	1
9	Buwenge Health Centre IV	Jinja	1
10	Jinja Referral Hospital	Jinja	1
11	Reach Out Mbuya	Kampala	2

We had 5 members of staff graduate with a Diploma in Guidance and Counseling from the Uganda Catholic Social Training Center (UCSTC)

We also had a number of other internal trainings such as:

- Continuous Medical Education (CME) for the clinical staff, we had 37 CME this year with about 25 staff attending each session (on average).
- Continuous Counseling Education (CCE) for the counselors, we had 37 CCE this year with about 9 staff attending each session (on average)

- We had a CATTs refresher training and 52 people attended, including seven staff of Kasala .
- We had a TB drug adherence workshop and 84 clients attended, 8% of whom were children.

For details on internal trainings see appendix 4

The External Trainings

We had a number of external trainings for the staff such as: training of male care givers, breaking of bad news, palliative care training, HIV/ART basic care training course for Doctors, Referral Criteria work shop, Continuous Quality Improvement of Health service Delivery, Workshop training on Ethical and Legal issues surrounding HIV /AIDS, Supply chain management of HIV/AIDS medicines course, Finance for none Finance Managers etc

FORO Trainings

Reach out has benefited from FORO (Friends Of Reach Out) who for the last year have been able to give financial support for a number of short courses, to build the staff's skills. These courses included: Managerial and leadership skills for team leaders, Effective customer services, Effective Marketing Management and Record keeping and information, Report writing Skills, Planning and budgeting, Retail lending, debt collection and debt management etc

Communications Section

This year we had a total of 720 visitors, notably His Eminence Emmanuel Cardinal Wamala, Mr. David Mutembezi the Africa Director of MMI, PEPFAR Ambassador Mr. Mark Dybul, Michael Kazatchkine the head of Global fund, the U.S. Ambassador to Uganda Steven Browning and Jimmy Kolker, chief HIV and AIDS programme division UNICEF.

The other visitors were from a number of institutes like IDI, Ministry of Health Kenya, CCF Zambia, CDC, KCC, Ambassadors for Children, PSI Uganda, TASO Masindi, World Vision Uganda, Mildmay Uganda, FHI Nigeria and Wanyange Community Initiative.

With great joy we received our Chairman, Board of Directors, Fr. Joseph Archetti back. He is in good health.



Mark Dybul, PEPFAR ambassador (carrying the little girl) and Mark Kazatchkine, head of the Global fund listen to one of the Pharmacy assistants during their visit.

The European Union Civil Society Capacity Building Program presented the Best Practice award 2008 to Reach Out Mbuya Parish HIV/AIDS Initiative. Reach Out was the overall winner out of the 236 applicants for this award. The award was in recognition of the organization's innovativeness, exemplary work and dedication to empowering communities for sustainable development.

Reach Out calendars and season's greetings cards were produced and distributed to staff, friends and donors. The HIV newsletter was also published and distributed.

Reach Out's Staff team building Day out, 1st November was a successful day celebrated at Ssesse Gate way beach in Entebbe.

The World AIDS Day celebrations on 1st December were very colorful, with a large number of our clients, staff, volunteers, community leaders and schools coming to celebrate with us. Reach Out staff and clients celebrated Christmas at a party in Banda site.



Staff, clients, community leaders and students march through the community on World AIDS day

Administration Section

Our NGO status was approved and we received our certificate. We engraved all the assets that were purchased this year and embarked on depreciating our assets to aid future replacements and insure them at current cost. We insured a number of our electronic equipment particularly the new Laboratory equipment. A thorough furniture assessment was done and we plan to procure some to furniture to fill the gaps. We also installed fire extinguishers at all our sites and trained staff on their use.

We plan to install a computerized stores information management system that will aid in ensuring efficient management of the stores.

Finance Section

Income by Source at Reach Out, 2008

Source	Amount	Percentage
CDC MILDWAY	2,185,612,890	76.5
Stephen Lewis	187,142,400	6.6

Medical Mission International	119,147,750	4.2
Roses Shop Sale & Contract	118,961,165	4.2
Private Donors & Others	82,686,079	2.9
BOL Loan Repayment	39,442,215	1.4
Rose	33,066,700	1.2
AVSI	29,046,183	1.0
Sidecole	16,914,600	0.6
Friends of Reach Out	13,989,130	0.5
Infectious diseases Institute	11,200,000	0.4
SPEDAG	10,477,000	0.4
PSI	5,100,000	0.2
Medical Access	4,000,000	0.1
GRAND TOTAL UGX	2,856,786,112	

Total Expenditure at Reach Out, 2008

Category	Amount	Percentage
Cost Of IGA	18,789,491	0.5
Administrative Costs	208,662,598	5.7
Capital Expenditure	237,713,191	6.5
Operational Costs	3,202,605,471	87.3
Total	3,667,770,751	

Research Section

Presentations

Two (2) abstracts were accepted at the XVII International AIDS Conference (AIDS 2008) which was held in August in Mexico city; One was presented as an oral, by Dr. Stella Alamo titled Two Year Virologic Outcomes of an Alternative AIDS Care Model: Evaluation of a Peer Health Worker and Nurse-staffed Community-based Program in Uganda.

One was a poster presentation by Olivia Babirye titled the role of community involvement to good ARV adherence in a resource limited setting

We also had a presentation by Dr. Stella Alamo in USA and Canada.

Ongoing research

There are a number of surveys going on to evaluate various activities and programs in Reach Out. These include:

- Evaluation of the Knowledge, attitude and practices of mothers who access PMTCT services from Reach out Mbuya.
- Evaluation of models of care for clinic efficiency, quality of care and cost effectiveness.
- Evaluation of the impact of ART on Social, Economic and Risk Behavior outcomes.

Internal Audit Section

During the year, Internal Audit carried out a number of Audits and several routine checks and verification. Audit reports to management were used to improve the internal controls and guided the policies and guidelines which were drafted such as: Procurement, Counseling, Pharmacy, Administration, Internal Audit, Clinic and IT. We had an external audit done in the last quarter of the year.

We however faced a number of challenges due to the lack of a centralized database, accounting and tracking of inventory software.

MONITORING AND EVALUATION DEPARTMENT

We have been able to respond to all our donor reporting requirements. We have made improvements in filling at all our sites.

We also made a proposal to improve our management Information system which was approved and funded by CDC. By end of 2009, we intend to have a comprehensive integrated computerized management information system that will simplify storage, retrieval of data and simplify reporting to our donors.

We have also made improvements in our email system and upgraded our virus tool kits.

APPENDICES

Appendix 1; VCT results at Reach Out Mbuya, 2008

Age group	Gender	NEG	POS	Total	% positive
Under 24 Months	Males	30	4	34	11.8%
	Females	30	11	41	26.8%
24-59 Months	Males	28	4	32	12.5%
	Females	39	9	48	18.8%
5-14 Years	Males	95	31	126	24.6%
	Females	132	27	159	17.0%
15-17 Years	Males	13	3	16	18.8%
	Females	23	3	26	11.5%
18-24 Years	Males	253	32	285	11.2%
	Females	348	111	459	24.2%
25-49 Years	Males	700	367	1067	34.4%
	Females	605	447	1052	42.5%
50-54 Years	Males	32	18	39	46.2%
	Females	25	9	34	26.5%
55 and above	Males	37	10	47	21.3%
	Females	22	17	39	43.6%
<i>Total males</i>		<i>1188</i>	<i>469</i>	<i>1646</i>	<i>28.5%</i>
<i>Total females</i>		<i>1224</i>	<i>634</i>	<i>1858</i>	<i>34.1%</i>
Grand Total		2412	1103	3504	31.5%

Results of Home Based HIV Counseling & testing (HBHCT) at Reach Out, 2008

Quarter	Negative	Positive	Total
4 th quarter	49	3	52
3 rd quarter	105	4	109
2 nd quarter	41	0	41
1 st quarter	27	4	31
Total	222	11	233

Appendix 2; Clients Home visited at Reach Out, 2008

ITEM	Q1	Q2	Q3	Q4
WHO STAGE				
1	3	4	3	10
2	14	17	16	10
3	31	44	31	33
4	31	26	30	25
TREATMENT				
ARVS	33	44	37	34
ARVS/TB	8	5	13	4
TB RX	16	19	12	12
HIV PROPHYLAXIS	22	23	18	28
FREQUENCY OF CLIENT'S HOME VISITS.				
Once	54	71	50	57
Twice	14	10	19	12
Thrice	4	6	6	6
Four times	7	4	5	2
Total	79	91	80	78

Appendix 3; ARV combinations per sponsorships AT Reach Out, 2008

Drug combination	MOH	PEPFAR	JCRC	TOTAL	% of the total
AZT/3TC/NVP	483	475	0	958	59.8%
AZT/3TC/EFZ	49	277	0	326	20.4%
d4T/3TC/NVP	139	2	0	141	8.8%
d4T/3TC/EFZ	0	52	0	52	3.2%
AZT/3TC/TDF	0	5	39	44	2.7%
LPV/r/3TC/TDF	32	3	0	35	2.2%
3TC/EFV/TDF	0	11	1	12	0.7%
d4T/3TC/TDF	0	9	0	9	0.6%
FTC/TDF/FTC	6	0	0	6	0.4%
3TC/NVP/TDF	0	4	1	5	0.3%
AZT/3TC/EFV	0	4	0	4	0.2%
LPV/r/ddI/EFZ	1	0	2	3	0.2%
LPV/r/ddI/ABC	0	2	0	2	0.1%
LPV/r/3TC/ABC	2	0	0	2	0.1%
FTC/TDF/NVP	2	0	0	2	0.1%
Total	714	844	43	1601	100.0%

Appendix 4: Other Internal Trainings included:

Continuous Medical Education (CME)	We have CME for clinical staff every Wednesday facilitators are usually fellow staff. Topics discussed year include: TB training, Pharmacology of ARV drugs, Prenatal Examinations, Writing Abstracts, Examination of central nervous system (CNS), Neurological Manifestations in Children, Malnutrition in children/Growth and development tools, Approach to care of HIV exposed or HIV Infected Children, Pneumonias in Children, Prescription of ART in Children, and other conditions related to HIV etc.
Continuous Counseling Education (CCE)	We have CCE once a week for the counselors to ensure they are up-to-date, able to provide accurate information and able to face the challenges of their profession and to provide quality services to the clients. The facilitators are the counselors who research on a particular topic and present to the other counselors. A total of 27 topics were discussed and 11 case presentations made during the year. Topics discussed this year include: Ethical and legal issues in counseling, Effects of alcohol on the human being, child disclosure, depression, PMTCT, depression, etc
CATTs' refresher training	We had a one week refresher training for the Community workers' in March; it was attended by 58 community workers. The purpose was: to empower the community workers with practical home based care skills to support clients and their care takers to promote drug adherence, help create networks of support for people living with HIV/AIDS, to equip them with record keeping skills, encourage the clients to make wills and train them to specifically handle children.
Piggery training of grand mothers	A total of 9 grand mothers and 1 grand father benefited from this training. The purpose was to educate the participants on aspects of piggery: housing of pigs, recommended feeds, the signs and symptoms of illnesses, the benefits and challenges of taking care of pigs."
ART Refresher Trainings for clients	We had refresher training for our clients to encourage drug adherence and fill the knowledge gaps of clients especially on issues relating to ART.
Catering Training under Food and sustainable projects section	Under the Food and sustainable projects section, we had a number of income generating groups. We had the group (12 clients) undergo training on the best practices for nutritional care and support to customers, basic nutrition guidelines during food preparation and serving and

	manage their finances.
Nutritional Sustainability	In line with empowering the clients in the area of su food production, Mushroom box and sac farming trai planned and at least 70 people benefited from it
TB adherence Training Workshop	The adherence support section under med collaboration with the community net work orga adherence workshop for the TB clients and child takers. The purpose of the training was to fil knowledge gaps on issues that may affect adheren treatment and to provide an overview on the i contact tracing and explain the importance of ha family members screened for TB infection
Pastoral counseling Training for CATTs and community Supporters	<p>The overall goal of this training was to ensure tha given to those infected with HIV/AIDS; theoret practical information is given to service providers them with the necessary skills, attitudes, behav practices needed in pastoral care of the sick. This was attended by 46 Participants in total.</p> <p>A total of 196 staff were trained in commu motivation and leadership skills.</p>