



Annual Report

Annual Performance Report
2012



Roses of Mbuya



Carnations



Place mats on table



Jewellery



Table set



Decorative hand made
Floor carpets



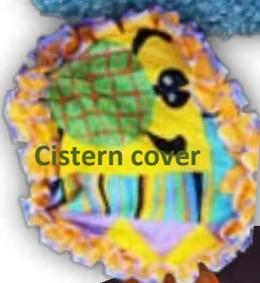
Hand made door &
bedside mats



Table & place mats



Baby
socks



Cistern cover



Toilet paper holder



Toilet/bathroom
bin cover



Oven
gloves



Ladies
Hats



Bags



Wall hangings

Reach Out Mbuya Parish HIV/AIDS Initiative P.O. Box 7303 Kampala, Uganda.
Tel. +256 414 222 630/414 223 334 Mob. +256 772 228 844/ 772 703 555 Fax +256 414 220 479
Email reachout@reachoutmbuya.org website www.reachoutmbuya.org

Vision

A community free of the spread of HIV where those persons already infected and affected by HIV and AIDS are living positively with an improved quality of life.

Mission

ROM is a faith-based non-governmental organization working in geographical boundaries of three Catholic Parishes of Mbuya, Kasaala and Biina. ROM aims to curb the further spread of HIV infection among the less privileged members of society in these communities and enable those already living with HIV and AIDS to live a responsible and dignified life. ROM does this by focusing on educating individuals and the community about HIV and AIDS as well as providing holistic care to those already infected and their families.

Core Values

- »» Teamwork
- »» Client focus
- »» Professionalism
- »» Learning and growing organization
- »» Solidarity
- »» Encouraging direct involvement of persons living with HIV
- »» Respect for human life and enhancing human capacity

“The greatest glory in living lies not in ever falling but in rising every time we fall.”
Nelson Mandela

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
ART	Anti Retro Viral Therapy
BCP	Basic Care Package
CATTS	Community ARVS and TB Treatment Supporters
CDC	Center for Disease Control and Prevention
DNA-PCR	Dioxyribonucleic Acid-Polymerase Chain Reaction
EPTB	Extra Pulmonary Tuberculosis
FORO	Friends of Reach Out
HIV	Human Immunodeficiency Virus
IDI	Infectious Disease Institute
MARPS	Most at Risk Populations
M2M	Mother to Mother Supporters
MOH	Ministry Of Health
OVC	Orphans and Vulnerable Children
PACE	Program for Accessible Health Communication and Education
PEPFAR	Presidential Emergency Plan for AIDS Relief
PHC	Primary Health Care
eMTCT	Elimination of Mother To Child Transmission of HIV
PTB	Pulmonary Tuberculosis
PPP	Public Private Partnership
ROK	Reach Out Kasaala
ROM	Reach Out Mbuya HIV AIDS Initiative
UBA	Uganda Bikers Association
UPDF	Uganda People's Defense Force
VSLA	Village savings and Loans Associations
WHO	World Health Organization

Key definitions

- **Basic Care Package;** Contains a Jerry can with a tap, two mosquito nets, water guard and IEC materials. It is given to clients to improve their hygiene and sanitation and to reduce on episodes of Malaria and diarrhea.
- **Community ART and TB Treatment Supporters (CATTs);** Are trained HIV+ clients who follow up other clients to ensure they adhere well to their treatment. They use a peer approach to understand their clients' challenges and give feedback to both the client and Reach Out.
- **Community Network of Care (CNC);** A section under the community support department whose major function is to ensure that all enrolled clients are monitored for adherence and followed up at home based on their health status. They also ensure that appropriate referrals are made to Reach out departments for support. It is comprised of CATTs, M2M and Adolescent supporters.
- **Community Prevention;** The prevention and sensitization arm of Reach Out that aims at sensitizing adults in the community through the treasure life, Operation Gideon and couples programs.
- **Hope Restoration Centers (HRC);** Shelters built with support from SPEDAG (a clearing and forwarding company) to shelter weak and displaced clients or those who have lost their jobs.
- **Mother to Mother community supporters (M2M);** Women who are eMTCT recipients and ensure that mothers attend and adhere to eMTCT guidelines.
- **Operation Child Support (OCS);** Supports children with education through provision of school fees and scholastic materials as well as addressing the psychosocial needs of OVC in school.
- **Operation Gideon;** A prevention program which targets men with messages to enhance their involvement in Reach Out programs.
- **Roses of Mbuya;** This is an Income generating project that makes a wide range of products including textiles (clothing), school uniforms, household accessories like kitchen wear and beddings. Using recycled papers they also make items like paper beads and handmade cards. Proceeds are used to pay school fees for vulnerable children.
- **School Prevention;** Provides prevention messages in schools through the peer-led clubs.
- **TB treatment success rate;** The additive of clients who have completed TB treatment and those declared cured of TB over the TB treatment outcome total (Treatment failure, death, transfer out, defaulters, treatment cure and those completed).
- **Teenage and Adolescent Supporters;** Ensure that teenagers and adolescents are supported to adhere to their drugs, remain in care and live positively.
- **Treasure Life Programs;** These are aimed at addressing specific health related topics designed for specific target groups. The programs are held within a community for at least one month to ensure acceptance and phased introduction of messages.
- **Village Savings and Loans Associations (VSLA);** An alternative loan scheme targeting the entire community. It brings together community groups based on self-selection. Group members are able to work together to save money.
- **Youth out of school Program;** Targets out of school youth with prevention messages through small group discussions and games.

Foreword

The voices of the poor often go unheard, compounding the fact that they experience multiple challenges which violate their rights and dignity. Reach Outs' work in 2012 placed emphasis on innovations targeting the poor at the community level with ethos focused on ensuring that communities have the capacity and confidence to participate in and shape the programs targeted towards them. Throughout this annual report, we illustrate how the communities have been instrumental in shaping our work, and providing expertise and vital resources through involvement in empowerment programmes like VSLA.

ROM continued to champion the role of Peer groups to promote positive living and to support adherence and retention through comprehensive home based care. The establishment of peer groups within schools helped us reach more children while the post test club and peer-led community prevention groups enabled us reach a wider audience which included young women, men, couples, and youths out of school through tailor made HIV prevention messages. As you read this annual report, you will find testimonies from the poor including women, men and children who ROM remains committed to serve. We have availed them this platform so their voices can be heard. Please share this report so these voices reach far and wide to end the suffering and pain caused by HIV.

ROM exhibited courage in the year 2012 with new programs targeting MARPS, the Private-Public partnerships and the integration of maternal and child health activities right from the household to facility level. The courage and patience to take on difficult tasks, to start something new are the principles around which ROM was founded.

We successfully partnered with eight private clinics as part of our move towards strengthening their capacity to deliver HIV services in addition to expanding access within ROMs service area. This is reflected in the expansion of the number of children immunized and those accessing HIV counseling and testing services. We have maintained Zero mother to child transmission of HIV, our TB success rates remain above 85% for both Mbuya and Kasaala, linkage into care improved to 76% while laboratory quality assurance remained at 100%.

Our success is made possible by the support and efforts from our generous funders, friends and well-wishers. We truly appreciate your contributions. You have demonstrated real commitment in safeguarding the rights and dignity of PLHIV and OVC. We will continue to strengthen information flow with our stakeholders over the coming year through timely reports and regular website updates at www.reachoutmbuya.org. In addition, we will expand the feedback loop with our clients beyond the village meetings to



Dr. Stella Alamo Talisuna
Executive Director



Chairman Board of Directors
Father John Munghereza,
Our Lady of Africa, Mbuya

hot lines so that our services remain relevant to our target population.

In 2012 Reach Out was honored with a visit of USA Secretary of State, Hillary Clinton and her remarks remain an encouragement to the staff and clients. I express my gratitude to our dedicated board, staff and volunteers. We have come a long way but there are still many more lives to save and we need to keep the momentum. Let's keep up the patience and the courage because it is that courage that drives us forward amidst all the challenges. As a programme that started on the good will of volunteers, ROM in 2012 still takes pride in the promotion of volunteerism and welcomed skilled and semi-skilled persons (local and international) to support the work force. You remain pivotal to

ROMs work through the provision of your invaluable resources, knowledge, skills, and passion.

We acknowledge those who have departed from the ROM family in the year 2012, and thank them for their contributions. Our success is by no doubt wedded to your continued support and we hope this will continue during the upcoming year. Our strategic priorities over the coming years will focus on strengthening the staff capacity to deliver cutting edge programmes, increasing our support base and diversifying our income to enable us scale up our comprehensive work and build on our innovations of 2012.

Finally, our successes mirror your efforts and I look forward to your continued support in the coming year.

“And Reach Out is well named, because what you have done is to be sure that people in the area have a place to come to be forgiven support, and to be given treatment, to be given dignity in order to achieve their own personal goals of being healthy and productive citizens”

Hillary Rodham Clinton, US Secretary of State

Highlights of the year



Amolo (in blue Apron) training

Success Story

Amolo Betty

Seven years after her death, she is still an inspiration to her daughter Amolo Betty-who is a fourth born in a family of five. The family lost their parents in the 2001 and 2006 in the order of father and mother respectively.

Before their father, the late Sam Omolo a welder passed on, the family was living a good life with all children in school and affording to have at least three meals a day. However after his death, their life changed drastically with Amolo and all her siblings dropping out of school; one at advanced level, another at ordinary level and the one she follows at primary level. It was these challenges coupled with her mother's disability and continuous illness that caused an alarm to the neighbors. They contacted a Reach Out community team leader who visited the home in 2002. Her mother the late Lamono Esther who was then the head of the family took an HIV test and tested HIV Positive.

ROM believes in a holistic model of care that addresses the mind, body, family and community. After Amolo's family was assessed, Reach

Out provided them with food support and treatment services to their mother through home based counseling and care. Unfortunately their mother passed on but even at the time of her death, none of the children were in school. This was when Amolo and her sister Asingo were enrolled into Reach Out's school fees program. The organization depends on several other donors for social support and Amolo and her sister were under AVSI for school fees. AVSI sponsored Amolo in school from primary three to advanced level (S.6) that she completed in 2010. At this point, AVSI could no longer support OVC in school and so she was migrated to the CDC sponsored OVC program and joined Kyambogo University (2011-2013) where she graduated with a Diploma in Fashion and Design.

Amolo is currently a staff of

ROM with the Roses of Mbuya- a community network of mainly women offering skills building and employment to a number of ROM Clients. While with the Roses, Amolo admired knitters a lot and Barclays Bank Uganda Limited funded a knitting training, she was a beneficiary. The other ladies often wondered why she was so interested in knitting yet very good tailoring, only to discover her mother was a knitter too-understanding why Esther is still an inspiration to her daughter even in her grave.

Today, Amolo who still lives with her elder sister is a trainer, training other vulnerable persons like she was in knitting. One wonders what would have become of her if Reach out had not intervened. Three different donors have supported her to be what she is today and to every parent out there, the question you should ask is, can I still inspire my child even when I am long gone?

Medical Directorate

- Four thousand seven hundred and eighty four (746 from Kasaala) active clients received holistic care during the year representing 91% of the annual target of 5,282. Nine percent of the active clients were children.
- Seventy-six percent of the clients in care were on antiretroviral therapy.
- Sixty four per cent (3,080) of the active clients are females. Sixty eight (1.4%) of the clients are children < 5 years of age, 372 (7.8%) are aged 5-18years and 4344 (90.8%) are > 18 years. Overall, 66% of the active clients are Catholics, 31% are Protestants, while Moslems are 3%.
- A total of 17,752 (2813 from Kasaala) individuals received HCT, representing 171% of the annual target of 10,350. The increase is attributed to the scaling up of VCT through mobile and community outreaches, and private partnerships. Mobile outreach services contributed 22% of those who received HCT while Private Partnerships contributed 8% of the clients reached with HCT.
- The men's clinic was introduced in 4th quarter and reached 147 men; 10 men were HIV positive.
- HIV testing at point of counseling was introduced in the 4th quarter
- Out of those tested 1817 (10.2%) were HIV positive. Seventy percent of the HIV positive clients tested at the facility.
- Of 1,817 HIV positive clients, 1,386 (76%) were linked into care at ROM representing 174% of the annual target of 800 new enrollments.
- Five hundred and seventeen (117 from Kasaala) couples received HCT services representing 148% of the annual target of 350. Seventy two (14%) of the couples were discordant. Thirty six discordant couples attended the discordant couple's risk reduction intervention. There was no sero-conversion among the discordant couples.
- HCT was integrated into immunization outreaches through which 1,127 children were immunized and 13 of them found to be exposed to HIV were linked into care for follow up.
- ROM strengthened HBHCT through the index HIV positive client and integrated HIV screening into maternal and child health outreaches as strategies to improve EID.
- A total of 39,563 (10,901 from Kasaala) consultations were made to 4,784 active clients. On average 160 clients visited the clinics on a daily basis. At Kasaala the PHC wing conducted an average of 20 consultations daily.
- All clients received cotrimoxazole prophylaxis, while 4 clients who were allergic to cotrimoxazole received dapson.
- All clients were screened for TB every clinic visit
- A total of 202 (19 from Kasaala) clients were diagnosed with TB and received treatment. This was 67% of the annual target of 300.
- By the end of December 2012, a total of 111 clients were active on TB treatment. Three of the clients defaulted treatment. Success rate was 87% and 97% for Mbuya and Kasaala respectively which is above the 85% WHO recommendation.
- All clients in reproductive age group were screened for STIs. A total of 1,035 individuals were diagnosed with STIs (115% of annual target of 900) of which 835 were HIV positive.
- Eight hundred and eighty two (156 from Kasaala) clients initiated ART during the year. By the end of December 2012, ROM had 3626 (514 from Kasaala) clients on ART. Eighty percent of the ART recipients adhered above >95.
- All women in reproductive age were screened routinely for pregnancy at each clinic visit. A total of 210 pregnant women were identified. All 88 HIV positive women identified were linked to ROMs comprehensive eMTCT program.
- One hundred fifty nine mothers delivered. All the babies received Nevirapine syrup. A total of 130 mothers chose to exclusively breastfeed their infants. ROM continued to use option B in implementing its eMTCT services.
- Two hundred and twenty six DNA PCR tests were performed on exposed babies within the first 2 months of life with support from the CPHL. ROM maintained zero mother to child transmission of HIV.
- A total of 38,406 Laboratory tests were carried out across the four sites compared to 22,767 done in 2011 partly contributed to by the new chemistry analyzer and 2 PIMA machines. Out of the tests done in the year, 33% were HIV screening, 11% B/S for Malaria, 19% for CD4 count and 4% Sputum for AAFBs.
- External quality control carried out by the national TB leprosy program for TB sputum and the Virus Research Institute (UVRI) for HIV testing, showed 100% accuracy in staining and reporting TB results and the proficiency of the HIV testing.
- ROM had a death rate of 3% and lost to follow-up rate of

4% while 2% of clients were transferred out.

- Five thousand six hundred and two immunizations were done from all the 4 clinics including the private clinics and outreaches.

Community Support Department

- A total of 45,561 home visits (773 from Kasaala) were made to 4,784 clients by CATTS, M2M and Teenage and adolescents.
- Sixty clients received house rent grant, reaching 303 secondary beneficiaries while 144 received blankets and mattresses
- Two hundred and eighty new clients received the basic care package kits while 5,120 water guards were distributed reaching 12,930 secondary beneficiaries.
- Three thousand nine hundred and seventy six clients were reached through client village meetings
- Operation Gideon reached 2,239 (802 new participants) men through small groups of 10-25.
- Treasure life reached 2,565 (1448 new participants) women through small groups of 10-25.
- Through the school clubs in 22 schools, 4,832 children were reached with abstinence messages. Additionally, through youth clubs, 1,692 out of school youth were reached With ABC messages
- ROM supported 3095 OVC

with nutritional support of which 2586 received health care and 1276 education educational support.

- Four hundred and four OVC households were assessed for education support and 342 OVC were enrolled. A total of 1,276 OVC were supported through the school fees program. CDC supported 1,009 of the OVC. One hundred and sixty four OVC were in candidate classes (100 sat for PLE, 55 sat for UCE and 9 sat for UACE).
- A total of 2,272 (419 HIV positive) OVC's participated in peer-led psychosocial programs.
- One hundred and forty nine OVC representing 43% of the active children participated in the friend's forum workshop which targets HIV positive children.
- Six hundred and fifty six legal cases were referred to the different paralegal bodies while 280 OVC households were reached with the memory book project.
- Food was distributed to 333 OVC households (1665 secondary beneficiaries) with support from Medial Mission International and Sidecole. In addition, 286 pregnant mothers were supported with food.
- One hundred and six Village savings and loans association groups were followed up, 90 VSLA groups were formed by Village agents while 33 were

formed for MARPS.

- Roses of Mbuya made sales worth 187, 829,802 Uganda shillings

Executive Directors Office

- The mobile outreach clinics were launched on 19th May at Kirinya landing site.
- ROM hosted the USA Secretary of state Hillary Clinton, who was joined by the Minister of Health Dr. Christine. J. D. Ondo, the Country Director CDC Dr. Taddese Wuhib, and the Chairman Uganda AIDS commission Dr V. Nantulya.
- ROM hosted a team of the US Senate and Congress House Representatives, Care Atlanta & Care Uganda
- Procurement lead time averaged 11 days which was an improvement to the previous year of 20 days.

Finance and Administration

- ROM had 218 staff including Kasaala during the year. A total of 123 are established, 95 are support staff and 16 temporal staff. Sixty-one percent of the staff are females. Client involvement at Mbuya was 45% and 9% at Kasaala.
- One hundred and fifteen (16 international) and 33 students (nationals) were placed at ROM.

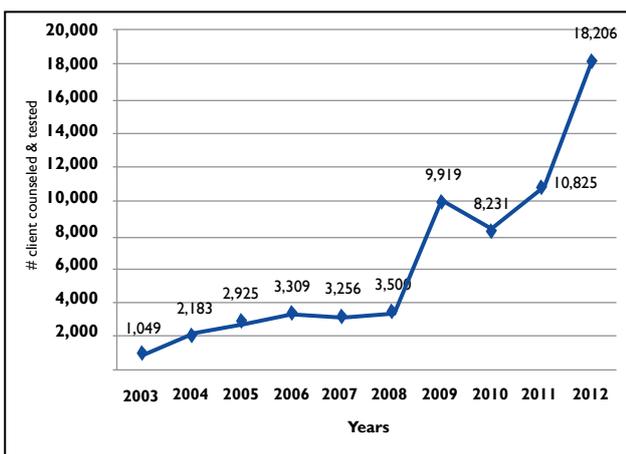
1.0 MEDICAL DIRECTORATE

Starting as a small clinic in the church hall in 2002, ROMs medical services have been scaled up in both the number of beneficiaries and breadth of services to become a Directorate. Services have evolved in line with the community needs and the dynamics of the epidemic. The Integrated HIV/PHC facility continues to serve the rural poor within Kasaala while the mobile services reached the most vulnerable and marginalized groups within Kampala. In a bid to improve male involvement, a men's clinic was introduced during the last quarter of 2012. The activities of the Directorate are detailed under the four sections (counseling, clinic, laboratory and pharmacy).

1.1 HIV Counseling and Testing

HIV counseling and testing (HCT) was implemented through the following models: facility based VCT, community based HCT, couple HCT, home based HCT, provider initiated HCT, corporate HCT (Targets cooperate companies through sports) and moonlight HCT (targets sex workers, truckers and fish folks). Furthermore, ROM established partnerships with private clinics (Benedict Medical Centre, Kitintale family clinic, and St. Peters clinic) and health centers (Kabanyi H/C II, Lutwala H/C II and Bamugolodde H/C II) within Mbuya and Kasaala respectively to support HCT, maternal and child health services.

Figure 1: HIV counseling and testing trends (2003-2012)



The number of people reached with HCT services has steadily increased (figure 1). A total of 18,206 (2813 from Kasaala) individuals were reached with HCT services in 2012 representing 104% of the annual target of 17,000 and a 42% increase in the number of people reached with HCT services over the previous year. This increase was as a result of introduction of the mobile outreach

services and the expansion of the private partnerships which accounted for 30% of the clients receiving HCT during 2012. The community HCT accounted for 36% of the clients receiving HCT while the facility accounted for 35% of those who tested. Through community immunization outreaches, 535 individuals were tested representing 2% of those who tested. The mobile outreach services contributed 14% of the men who tested while 386 pregnant mothers were offered HCT through their routine ANC and maternal child health outreaches.

Of the 18,206 people who tested, 1,457 (8%) were less than 18 years out of which 825 (57%) were tested at the facility and 146 (10%) were tested through the private clinics, mobile and immunization outreaches.

Thirty seven HIV negative partners in discordant relationships were re-tested



A boat operator offered HIV counseling

" I used to fall sick often and decided to go for an HIV test at Reach Out Mbuya. I tested HIV positive. I was counseled. I am now living positively advocating for students to go for HIV counseling and testing", a 25 year old male university student.



Moonlight HCT with the mobile van

Overall, 1,817 (10%) of those who tested were HIV positive. Children accounted for (132) 7% of those who tested HIV positive. In 2013 ROM will conduct more targeted HCT focusing on most-at-risk populations.

Scaling up male involvement

In a bid to improve male involvement a quarterly men’s clinic was introduced during the 4th quarter. The clinic which offers integrated PHC/HIV services reached a total of 147 men with HCT, out of which 10 tested HIV positive and were all linked into care. In 2013, the men’s clinic will be integrated in the circumcision outreaches.



“The men’s clinic was a brilliant idea and I would like to work with ROM to extend this model to other men”

“Munyambye nnyo kubanga nze silina sente zisobola kunzijanjaba” literally meaning “You have helped me a lot because I did not have money to go for treatment anywhere else”

Improving efficiency of HIV counseling and testing

During the last quarter of 2012, HIV testing at point of counseling was initiated preceded by training of the

counselors. The objective of the strategy, which has since become a standard of care at ROM, is to reduce patient waiting times and defaulter rates between pre-test counseling, HIV testing and post-test counseling in addition to reducing the workload at the laboratory. Through this strategy, 280 clients were tested in the last quarter.

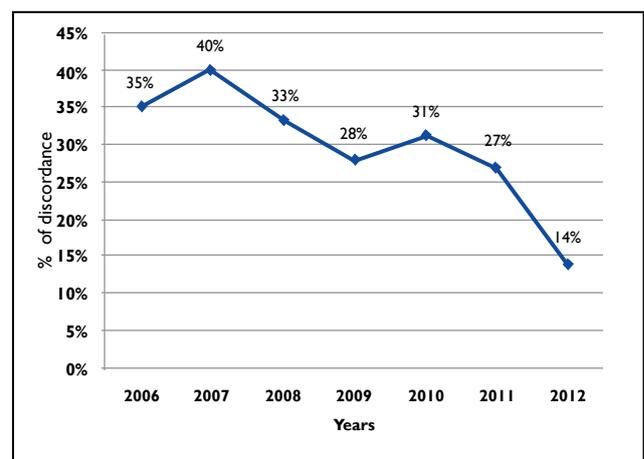
Couple Counseling and Testing

Couples are reached through peer- led HIV prevention activities into which HIV testing has been integrated. Through the men’s prevention program “Operation Gideon”, men are sensitized about the importance of couple counseling and testing. Other avenues through which couples are identified are home based care through an HIV positive spouse with a partner of unknown HIV status, health talks, mobile outreaches, MCH outreaches and clinic consultations.

In 2012, 517 (148% of the annual target of 350) couples (117 from Kasaala) were tested. The mobile outreaches and private partners accounted for 15% of the couple HCT. Kinawataka site being the most densely populated had the highest number (51%) of couples who tested.

Of the couples tested, 72 (14%) were discordant and 37 (8%) were concordant positive. The percentage of discordant couples identified at HCT has decreased significantly from 40% in 2007 to 14% in 2012 (figure 2). This could be attributed to ROM’s extensive programs emphasizing prevention messages among couples, men and women as described in the prevention section.

Figure 2: Percentage of discordance among couples testing for HIV



All the negative couples were equipped with HIV prevention messages emphasizing faithfulness. The discordant couples were linked to the discordant couples’ risk reduction intervention.

“Through the couples prevention program, we were encouraged to test as a couple. I tested HIV negative but was depressed when I learnt my husband tested HIV positive. We were counseled and encouraged to join the discordant couple’s intervention, which we did. This has helped me understand my husband and how I can protect myself from acquiring HIV. We received TOT skills, basic counseling and communication skills. We now help other discordant couples in the community to cope with a discordant relationship” a discordant partner

ROM implemented CD4 testing at point of testing for discordant couples which shortens the period between diagnosis and ART initiation. Overall, 36 (18%) discordant couples participated in the discordant couple’s training out of the annual target of 200. Eighty negative partners were re-tested every 3 months and none sero-converted. The zero sero-conversion among discordant couples is attributed to the risk reduction intervention.

“My focus is on equipping discordant couples with skills needed to handle the situation positively. I also follow up couples at home and in addition to sensitizing the community about discordance and the need to test as couples.” - Peer-led couple in Acholi quarter

Discordant Couples Intervention

All discordant couples were linked to the 3 months modular discordant couples risk reduction intervention which was evaluated and revised during the 3rd quarter from a counselor-led to a peer-led approach. The peer expert couples were trained to deliver risk reduction interventions at home and to conduct community sensitization on HIV discordance. The training modules emphasize risk reduction, couple communication, ART adherence, eMTCT, and the dangers of alcohol.

Ongoing Counseling

Ongoing counseling was provided to clients and their families with different adherence and social issues. A total of 1,376 (261 from Kasaala) clients with different issues were counseled (table 1) representing a 17% drop from last year’s 1,935.

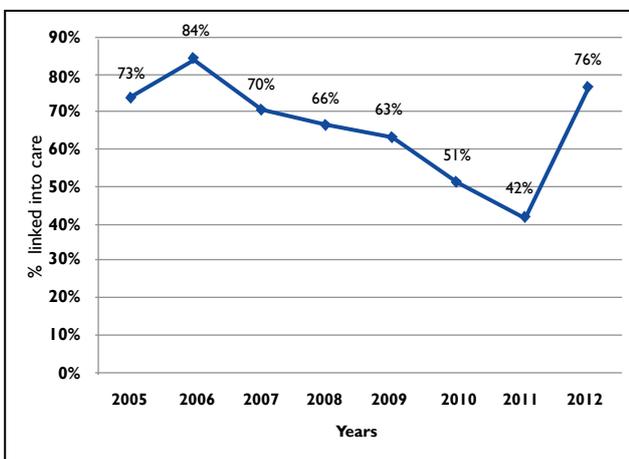
Table 1: Issues for which patients received ongoing counseling in, 2012

Issues discussed	Q1		Q2		Q3		Q4		Total	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Routine counseling	200(43%)	145(49%)	145(46%)	100(45%)	42(28%)	28(29%)	0(0%)	0(0%)	387	273
Coping with HIV positive result	62(13%)	44(15%)	12(4%)	8(4%)	7(5%)	2(2%)	1(1%)	0(0%)	82	54
Missed appointment	54(12%)	38(13%)	27(9%)	19(9%)	42(28%)	22(22%)	40(33%)	18(24%)	163	97
Drug adherence issues	38(8%)	16(5%)	19(6%)	8(4%)	23(15%)	10(10%)	36(30%)	23(30%)	116	57
Social issues	36(8%)	16(5%)	33(11%)	45(20%)	12(8%)	18(18%)	0(0%)	0(0%)	81	79
Alcohol	12(3%)	5(2%)	8(3%)	12(5%)	4(3%)	3(3%)	8(7%)	6(8%)	32	26
Others	64(14%)	32(11%)	70(22%)	27(12%)	19(13%)	15(15%)	37(30%)	29(38%)	190	103
Total	466	296	314	220	149	98	122	76	1051	689

1.2 Linkage into care

From 2006-2011 there was a decline in linkage into care (figure 3) resulting from the increasing case load both at the facility and community level with inability to track linkage to other facilities. However, in 2012 of the 1,817 clients who tested HIV positive, 76% (1,386) (were linked into care (998 ROM, 303 MOV, 61 PP and 24 to other centers) representing 174% of the annual target of 800 new enrollments. Four hundred and thirty one (24%) of the clients not linked into care at ROM were referred elsewhere. Strategies that enhanced linkage into care included the same day enrollment into care, use of mobile phone and SMS follow up in addition to follow up using CATTS, peer-leaders and Village health teams.

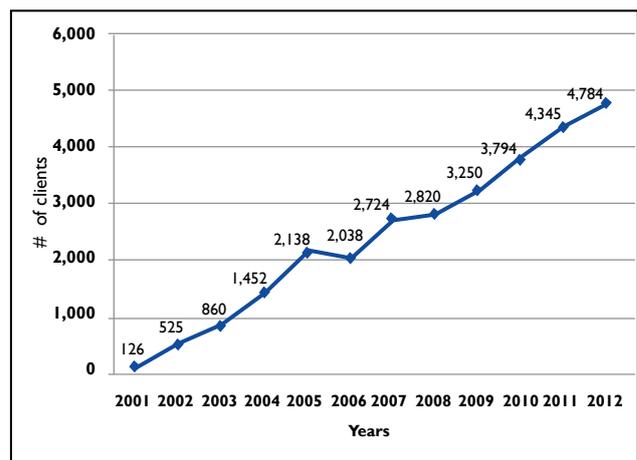
Figure 3: Percentage of HIV positive clients linked into care (2005-2012)



Client Growth

Progressively more patients have been reached with care, treatment and support (figure 4) and by the end of 2012 a total of 4,784 active clients were in care (746 in Kasaala, 251 mobile outreaches and 61 from private clinics), representing 91% out of the annual target of 5,282. Of the 4,784 active clients in care, 379 (9%) were less than 18 years (18 in Kasaala). There is no spike in the client growth in comparison with HCT because only 10% of those tested were HIV positive.

Figure 4: Active client growth at ROM (2001-2012)



Clinic Consultations

All clients in care received cotrimoxazole prophylaxis and 59 who were allergic to it received dapson. Clients are screened and treated for opportunistic infections and sexually transmitted infections, assessed for ART eligibility (clinically and immunologically), initiated and monitored while on ART. Clients also received nutrition support and palliative care as needed.

A total of 37,483 consultations were made (Kasaala had 10,901, out of which 3,055 were made to non HIV people) compared to the previous year's consultations of 35,730.

STI screening

STI screening was integrated into clinic consultations and HCT activities. Overall, 21,803 (4401 active clients and 17,402 HCT recipients) aged 15-49 were screened for STI, out of whom 1,035 individuals (835 were HIV positive, 179 HIV negative and 21 HIV negative partners in a discordant relationship) were diagnosed with STIs.

Eight hundred thirty five (835) adults received STI treatment at ROM while the 179 HIV negative clients were referred for treatment to other centers. Out of the referred clients, only 76 received treatment because many could not afford.

Client triage and pharmacy only visits

All clients had their weights taken and pills counted by the community ARV-TB treatment supporters (CATTS) at every clinic visit. The CATTS identified all ill clients, pregnant women, children and clients on TB medication who moved quickly through the system. In addition, poorly adherent clients were referred for adherence counseling prior to seeing the clinicians. Clients for pharmacy only visits were referred to the

triage nurses for quick assessment and prescriptions before they proceed to pharmacy for refills. CATTs received the necessary training before taking on these tasks. This system allows CATTs to interact with clients better and to closely follow up at home all those with poor adherence and the very sick ones.

On average about 40% of the clients were triaged to pharmacy only visits each clinic day. Due to increased crowding in the clinic, clinician workload and patient waiting time, ROM allocated two nurses at triage in each site to reduce patient waiting times.

Real time data entry in the clinic

To improve the quality and timeliness of data collection and entry, real time data entry into a relational electronic database was introduced and piloted at the Mbuya clinic in 2011 and rolled out to Kinawataka and Banda in 2012. This has significantly reduced data errors and the workload for the M and E staff who now have time to carry out program evaluations.

Home visits

Clinician-led home visits reduced (figure 5) because most clients have stabilized and the new enrollees come early for treatment at higher CD4 counts (figure 6). A total of 232 (105 from Kasaala) clients were visited in 2012.

Figure 5: Home-visits (2002-2012)

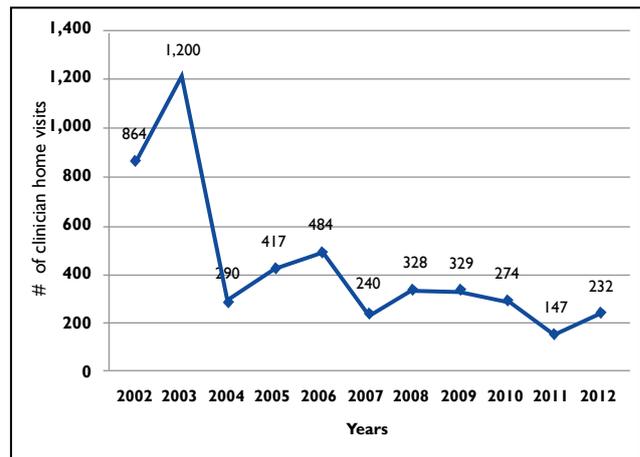
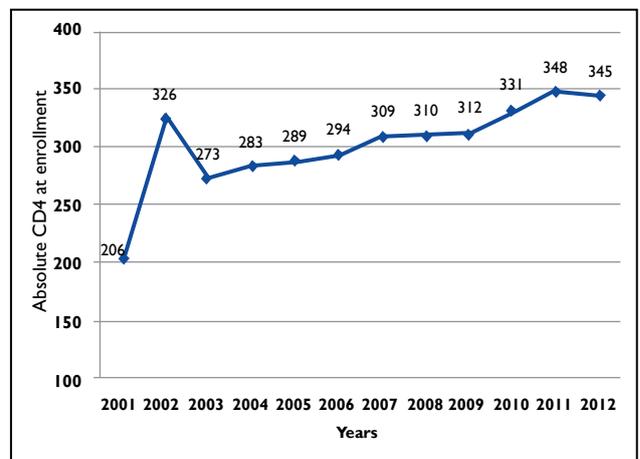


Figure 6: Median CD4 at enrolment (2001-2012)



Hospital referrals and hospital visits

Patients requiring admission were referred to hospitals. The Kasaala clinic which is a health centre III provides admissions to a limited number of patients while those requiring specialized care were referred to Kiwoko or Mulago hospitals. In 2012, 100 clients (23 from Kasaala) were admitted, a reduction from last year's 122.

External Referrals for Investigations

This year, 1,115 (447 from Kasaala) clients were referred compared to the previous year's 1,185. Chest X-rays accounted for 20% of the external referrals. Cervical cancer screenings were also conducted and referred to external facilities for treatment. Below is a testimony from one of our clients that was cured of cervical cancer.

CERVICAL CANCER TESTIMONY



Atimango Margret 40 years old is both a client and staff of Reach Out Mbuya as a Community ART and TB Treatment supporter (CATTs).

In 2012, Margaret underwent free cervical cancer screening at Reach Out and she was diagnosed with cervical cancer. She was put on treatment for three weeks and re- assessment showed she had cured.

Margaret is grateful to Reach Out for this initiative and providing her with all available logistics to enable her get back to a healthy journey.

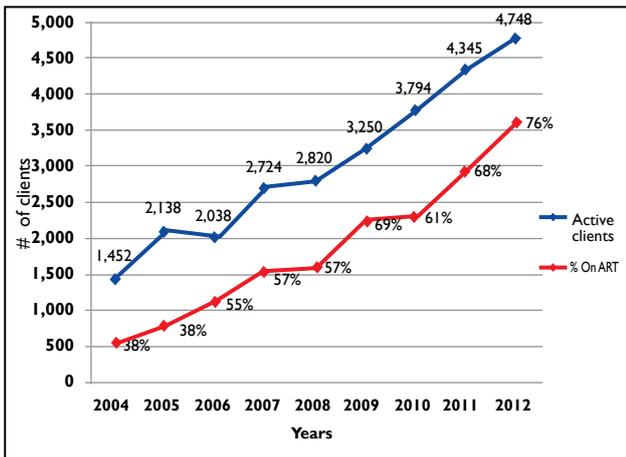
1.3 Anti-Retroviral Therapy (ART)

In order to scale up enrolment into ART, ROM supported Bugolobi Medical Centre to provide ART during 2012. ROM also supported ART accreditation of two Private Not-for Profit (PNP) clinics to offer ART which include St. Mary's Kasaala Health Center III and St Benedict, Luzira.

In addition, clients who are seen by the mobile outreach team are initiated on ART with drugs delivered through the mobile outreach points. A PIMA CD4 machine was purchased to improve turnaround time for CD4 counts in the outreach clinics.

Eight hundred and ninety five (181 from Kasaala) ART naive clients received Pre-ART education, out of whom 882 were initiated on ART, representing 110% of the annual target of 800.

Figure 7: Percentage of active clients on ART (2003-2012)



The percentage of clients on ART has progressively increased from 61% in 2010 to 76% in 2012 (figure 7). Overall, 3,626 (514 from Kasaala, 89 mobile outreaches and 46 from Bugolobi medical center) of the 4,784 (746 from Kasaala) active clients were on ART. The significant increase in number of patients on ART from last year's 2,950 is attributed to increased HCT activities, same day enrollment into care, same day CD4 testing, mobile outreaches, shortened process of initiating ART and change in WHO guidelines. PEPFAR support accounted for 67.4% of the ART recipients while MOH-Global Fund contributed 32.6%. Two hundred and ninety two children were on ART, representing 8% of active clients on ART.

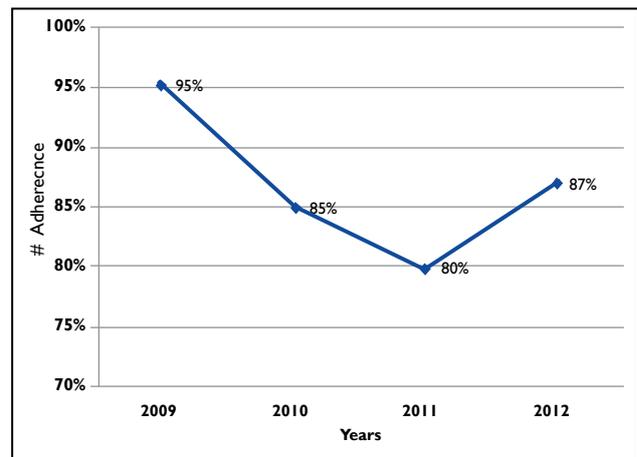
Ministry of Health rationalized ARVs distribution nationally and ROM started receiving all its ARVs from PEPFAR through Medical Access Uganda Limited (MAUL).

Missed appointments and Adherence

One thousand one hundred and forty missed appointments occurred. Of those who missed clinic appointments among the adults, 53% (603) cited forgetfulness. Other reasons included non-disclosure of HIV status at the workplace (31%) and 17% had travelled outside the catchment area. ROM gives tailor-made appointment dates to the busy clients, often giving those who are stable and adherent longer intervals between appointments.

All the 3,626 clients on ART were closely monitored both clinically and immunologically for treatment failure. Routine pill counting done at the clinic and during home visits revealed that 87% (3,154) of the clients adhered above 95% while 13% (472) adhered below 75% out of whom 106 were children. The improvement in adherence from last year's 80% of active clients adhering >95% to this year's 87% (figure 8) may be attributed to identification of poor adherence during clinic days and immediate follow up by the counselors on site and CATTs in the community.

Figure 8: Antiretroviral therapy adherence 2009-2012



Major reasons for poor adherence in children was forgetfulness, the inability of their caretakers to support them and non disclosure of HIV status to the children.

All the 106 poorly adherent children were referred to the friend's forum program (a peer-led support club) that targets HIV positive children providing them with coping strategies. Out of the 106 children referred, 84 improved their adherence from below 75% to above 95%. All the 388 adults with poor adherence were referred to adherence groups within their communities for adherence intervention, out of whom 256 improved their adherence from below 75% to above 95%. ROM gives short interval appointments schedules for all poorly adhering clients.

Clients receiving ARVs from the mobile van and private clinics were followed up using phone calls. These clients are not home visited so unannounced pill counts are not done to monitor adherence closely instead assessment of adherence is by self-report which is not very reliable. Evaluation may need to be done to compare this model with the current home-based care model.



Adherence counseling intervention at home with family members

CD4 cell count bleeding

A total of 8,565 samples were collected and sent for testing, with 1,597 of the CD4 counts being baseline CD4 counts (1038 females).

Table 2: CD4 counts 2012

Quarter	New clients			Old clients						Overall total
	No. bled for CD4	No. CD4 ≤ 350 cells/mm ³ (eligible for ART)	No. CD4 > 350 cells/mm ³	Follow up on prophylaxis			Follow up on ART			
No. bled for CD4				No. CD4 ≤ 350 cells/mm ³ (eligible for ART)	No. CD4 > 350 cells/mm ³	No. bled for CD4	No. CD4 ≤ 350 cells/mm ³ (eligible for ART)	No. CD4 > 350 cells/mm ³		
Q1	340	90	250	237	62	175	1,358	534	824	1,935
Q2	481	152	329	181	70	111	1,312	496	816	1,974
Q3	290	142	148	282	160	122	1,867	765	1,102	2,439
Q4	486	183	303	283	86	197	1,448	555	893	2,217
Total	1,597	567	1,030	983	378	605	5,985	2,350	3,635	8,565

Five hundred and sixty seven (35%) clients were eligible for ART at enrollment and 378 (38%) of patients on prophylaxis became eligible for HAART during the year (table 2).

Viral Load Testing

Viral load testing was performed on clients with suspected immunological failure. Seventy clients had a viral load test and 46 of them had detectable viral loads.

TB/HIV care and integration

Patients were actively screened for TB from the point of HIV testing and throughout the clinic consultations. All household members of smear positive TB patients are screened at home (contact tracing) while all clients identified by the counselors during HCT as TB suspects are sent to the clinic for further investigations.

A total of 202 (35 from Kasaala) clients were diagnosed with and treated for TB in 2012. Out of these, 117 (20 from Kasaala) had smear positive TB. Contact tracing was done to 121 (12 from Kasaala) households. All TB clients were assigned a community worker to ensure adherence to the treatment through a modified DOTs strategy

TB Treatment outcomes

Reach Out performed above the 85% recommended

WHO TB success rate since 2007. By the end of 2012, the TB success rate was 87% and 97% for Mbuya and Kasaala respectively. One patient was diagnosed with MDR-TB and was referred to Mulago.

A six months treatment success story for a TB patient

Kisa Oda Vonamadir was enrolled with a weight of 50kgs and BMI of 16.6. His CD4 count was 10 cells; he was very weak and wasted and started on Tuberculosis treatment and Anti retroviral therapy.

Psychosocial assessments were done by a community worker and he was provided with food support. Six months later with immense support from both the care giver at home and community treatment supporter, Kisa greatly improved and gained weight of up to 57 kgs.

Unfortunately as the ROM team began to appreciate these efforts, Kisa was taken back to the village due to economic constraints including limited accommodation where he died a couple of months later.



Table 3: TB Treatment outcomes by quarters in 2012

TB Treatment Outcome	ROM				ROK			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Treatment cure	9	15	4	7	4	2	4	0
Treatment completed	19	17	9	18	3	1	6	0
Treatment failure	0	1	0	1	0	0	0	0
Deaths	4	3	0	0	0	0	1	0
Defaulted	2	1	0	0	0	0	0	0
Transfer out	2	1	0	1	0	0	0	0
Total	36	38	13	27	7	3	11	0
Success rate	78%	84%	93%	93%	100%	100%	91%	0%

1.4 Elimination of Mother to Child Transmission (eMTCT)

Elimination of mother to child transmission of HIV follows the four pronged approach. These include primary prevention of HIV infection among women of reproductive age; Prevention of unintended pregnancies among HIV infected women; reducing the transmission of HIV from infected pregnant mothers to their babies and provision of treatment, care and support to HIV infected mothers and their children.

Primary prevention of HIV infection among women of reproductive age

At the facility the eMTCT focal persons supported the mother to mother supporters in reproductive health discussions while in Kasaala the reproductive health talks were integrated into the maternal child health outreaches.

Two hundred and ten (73 from ROM, 15 HIV positive and 122 HIV negative from Kasaala) pregnant women were identified. All 88 HIV positive women were linked to ROMs comprehensive eMTCT program

Prevention of unintended pregnancies among HIV infected women

With support from the prevention programs and through health talks, religious and local leader gatherings, clinic consultations and CATTS home visits 8,562 women (2,521 at facility) were sensitized on prevention of unintended pregnancies including family planning education. Eighty three women were referred for family planning to Kiswa health center but only 53 received the service highlighting the weak referral linkages.

Reduce the transmission of HIV from infected pregnant mothers to their babies

By the end of December 2012, 76 (15 Kasaala) HIV positive mothers were active in the eMTCT program out of whom 15 were in the first trimester and 32 in the second trimester. One hundred and fifty nine (23 Kasaala) mothers were referred for delivery. Eighty four babies were delivered in the hospital, 10 in private clinics and 5 babies at home. All the babies received Nevirapine syrup. One hundred and thirty mothers chose to exclusively breastfeed their infants while 28 chose replacement feeding.



Mother receives milk

Two hundred and twenty six DNA PCR tests were performed on all exposed children within the first 2 months of life with support from the CPHL (Central Public Health Laboratory). Eleven transfer-in babies were found HIV positive at enrollment. Over the years ROMs mother to child HIV transmission rate reduced from 8% in 2007 to 0% in 2012. During the year 4 mothers were transferred from the eMTCT program; 12 pregnant mothers had spontaneous abortions, 12 infant babies died and major reasons being malnutrition, diarrhea and neonatal problems. The infants who died had negative DNA PCRs. Only one pregnant mother died.

Provide treatment, care and support to HIV infected mothers and their children

Two hundred and eighty six pregnant mothers received care out of which 79 were still pregnant by December 2012. Fifty of the pregnant mothers were on ART, while 29 were on ARV prophylaxis. All 286 mothers received nutrition support. In addition, through assessment of need, 91 vulnerable pregnant mothers received mama kits.

Integration of HIV with Primary Health Care (PHC) at ROK

The Kasaala site has been providing integrated HIV/PHC services since 2008. A total of 10,901 consultations were made in Kasaala out of which 3,055 were non-HIV related consultations. There was a 25% increase in consultations over the previous year.

Maternal Child Health

Thirty maternal and child health outreaches were conducted reaching 1,127 (770 from Kasaala, 145 mobile outreach services, 95 Mbuya and 117 PPP) children with immunization services. Out of the 1,127 children immunized, 13 children were found to be exposed to HIV and were linked into care for follow up. In addition, HCT was offered to 386 ANC attendees and 15 were found to be HIV positive of whom only 81 (21%) delivered in the facility. The major reason for low facility delivery is the distances from the facility and lack of transport. With funding from Steven Lewis Foundation, ROM is piloting a voucher transport support system to promote deliveries in the health center. ROM also proposes to construct a maternity ward at Kasaala.

In-patient care at ROK

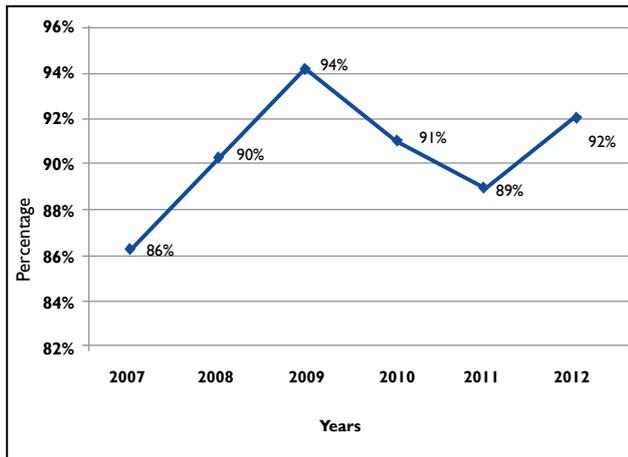
ROK admitted 656 clients during the year, an increase from last year's 475. Out of these, 152 (23%) were HIV positive. Seventy percent, of the admitted patients had malaria and were mainly children. A total of 40 in-patients were referred for further management.

Retention in care

Of 379 clients not retained, 50% were on ART. Twenty seven percent of the non retained clients died, 49% were lost to follow up while 24% transferred out. There was a 2% decline in client retention in 2011 compared to 2010 because of the increased transfer outs that were caused by massive evictions that took place within the catchment area. Client retentions improved in 2012 where the evictions were less and reduced lost to follow-up.

In reporting period, major reason for transfers out was shifting from catchment area. There was a decline in mortality by 10% from the previous year attributed to the same day tracing of patients who miss appointments which enables those who are very sick to be identified and managed early. In addition, the provision of outreach services with same day CD4 count testing allowed for timely initiation of ART while integration of HIV testing into community outreaches enabled patients to test earlier with higher CD4 counts (figure 6.)

Figure 9: Client Retention Trends



Nutrition support

Nutritional assessment was integrated into clinic consultations, CATTS follow up visits and immunization outreaches. This year, 4,451 clients had their nutrition

status assessed, 56 were moderately malnourished and were offered nutrition counseling. Out of the 56 moderately malnourished clients, 41% (23) returned to normal status after nutrition counseling. Of the 21 clients who were severely malnourished 9 were children and were referred for nutritional interventions.

Laboratory

A chemistry analyzer was procured for the Kasaala site. Additionally, two PIMA machines were procured to enhance same day enrolment CD4 tests within the mobile outreach services as well as the Kasaala site.

ROM joined the national hub of early Infant diagnosis (EID) where samples are sent to the Central Public Health Laboratories. A total of 38,406 Laboratory tests were carried out across the four sites compared to 22,767 laboratory tests done in 2011. Out of the tests done, 33% were HIV screening, 11% B/S for Malaria, 19% for CD4 count and 4% Sputum for AAFBs.

“Investment in AIDS will be repaid a thousand-fold in lives saved and communities held together.”

Dr. Peter Piot, Former Executive Director, UNAIDS



The US secretary of State Hillary Rodham Clinton speaks to a concordant couple had two HIV negative children born under the PMTCT programme



The Nigerian Community in Uganda donated Two Million Uganda shillings towards support to the school fees programme in November 2012



Paulette Coben Head of Global Partnership programmes Barclays bank shares a light moment with the children's talents club on the 29th November 2012



Dr. Christine Ondo the Minister of Health is adorned with paper material beads made by a client on 3rd August 2013



The Archbishop Kampala Arch Diocese His grace Dr. Cyprian Kizito Lwanga blessed the Mobile out reach services- May 2012



Jennifer Diamond of the Diamond family foundation learns about VSLA from a staff group on 13th March 2012



Reach Out Mbuya partners with Housing Finance Bank in commemoration of World Aids Day 2012

2012



Medical Access Uganda Limited donates to Reach Out Mbuya



Lois Quam of the United States Global Health Initiative listens to Zamzam an OVC beneficiary now employed by ROM-26th March 2012

IN PICTURES



National Water and Sewerage Corporation donates to Reach Out Mbuya



Ambassador Jimmy Kolker interacts with John Robert Engole the 1st PEPEAR beneficiary in the world and a client of Reach Out Mbuya



Tropical Heat donates to Reach Out



Barclays Bank Uganda donates sewing machines and cloth materials to the Reach Out Mbuya tailoring workshop

2.0 COMMUNITY SUPPORT DEPARTMENT

The department comprises of community network of care, community prevention, legal support, Village savings and loans associations, Nutrition support, Operation child Support (OCS), Roses of Mbuya and other income generating activities. In addition, sanitation and hygiene projects were integrated across programs. Home based care continued to be a cornerstone of the community interventions reaching the most vulnerable clients and their families. Clients are involved in the design and implementation programs through peer-led approaches.

The community was targeted with combination prevention tailor made programs for different interest groups through programs of small group sessions of 15-25 which included; men (operation Gideon), women (treasure life), youth in and out of school, couples program and MARPS programs through mobile outreach services.

2.1 Community Network of Care

In 2012, home based care was provided to clients and their families with support from the Community ARV/TB treatment supporters (CATTS), mother to mother (M2M) and the teenage and adolescent community supporters (TAS) who support clients, pregnant mothers, teenagers & adolescents respectively. The CATTS, M2M supporters, Teenage and Adolescent community supporters (who are residents within the same community as their assigned clients) were each assigned to client's home for close monitoring of the clients households. Emphasis was put on drug adherence and retention in care as well as ensuring that clients' social-economic challenges are addressed.

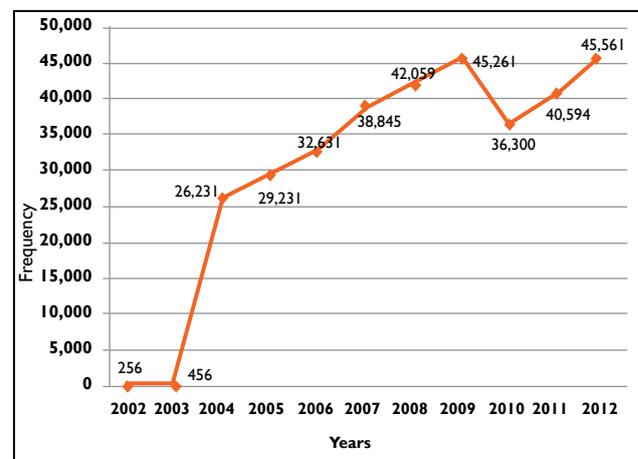
Community ARV/TB treatment supporter (CATTS) follow up

The community follow up procedure categorizes clients into those requiring daily visits (the very sick clients, missed appointment, those with poor adherence, those newly enrolled in care or initiated on ART or TB are visited on a daily/weekly basis while the more stable ones are visited less frequently.

A total of 45,561 home visits (773 Kasaala) were made to 4,784 active clients (figure 10). Of these, 53 were bedridden clients without caregivers. Quarter

one recorded the highest number of clients follow up visits (10,509) in the year because all clients were visited in January to ascertain their availability within the catchment area. Many clients travel to the villages during the festive season and some do not return due to a number of reasons including lack of transport, self-transfers and death.

Figure 10: Home visits conducted by the community network of care (2002-2012).



One thousand one hundred and forty missed appointments occurred and were referred to the CNC for follow up. Assessments revealed that 53% (603) of the missed appointments were due to forgetfulness, 31% (345) due to non-disclosure of HIV status and 192 (17%) due to travels. Phone call reminders to patients who missed appointments more than once due to forgetfulness were implemented. Clients who had not disclosed were encouraged to do so and those travelling were given longer appointments but encouraged to discuss with their treatment supporters before traveling.



CATTS visits a client at home

Mother to mother community supporter (M2M) follow up

The M2M supporters followed up mothers enrolled in the eMTCT program throughout the eMTCT cascade. Follow up is most frequent during the third trimester until birth and postnatal until the babies are discharge from the program. The pregnant women and their families received reproductive health messages during home visits. The exposed babies were followed up until 18 months when they were tested to confirm their HIV status. In 2012, a total of 5,106 home visits were made to a total of 286 mothers (64 from Kasaala), of which 28% (109) were in the last trimester and 46 % (192) were in the first trimester.

Teenage and Adolescent Supporter (TAS) follow up

Five thousand three hundred and thirty nine home visits were made to 345 children households. Through routine home visits, the major socio-economic challenges faced by the adolescents and teenagers were identified and included stigma at school, bad peer pressure and pregnancy. ROM collaborates with the teachers at school to fight stigma and ensure HIV positive children take their drugs well. Out of the 345 children in care, 106 (31%) had poor adherence and were linked to the friend's forum program. Out of the 106 children who had poor adherence, 65 improved their adherence from an average of 64% to an average of 90%. This was attributed to intensified follow up through prioritized visits by the teenage and adolescents and involvement of their care givers in directly observing their therapy.

Follow up of hard to reach and marginalized groups

The hard to reach and marginalized groups were followed up through different approaches because of their mobility. The approaches included phone call

reminders before and on appointment days and peer-led support leading to 85% retention in care among this category of clients.

Adherence groups

The community network of care formed a total of 20 adherences peer-led support groups to support poorly adhering clients. The groups have a mix of excellently and poorly adherent clients who meet once a week within their communities for experience sharing and motivation to improve their adherence. Through these support groups 340 of the 472 consistently poorly adhering clients improved their adherence from <95% to >95%.

Client village meetings

The clients in their respective communities come together once in a quarter to discuss critical service delivery issues. These client-led meetings serve as a forum for feedback to ROM and platforms to inform clients of new strategies and innovations. Twenty four client village meetings were conducted reaching 3976 active clients. Key issues discussed included the long waiting time at the clinics which were solved by allocating 2 nurse clinicians at the triage, delayed Wednesday clinic at Banda site which was resolved by ensuring that CME ends by 10:00am.

Spiritual support

"I was enrolled in Reach Out in 2004; I had never attended a village meeting, and wanted to leave. I attended the meeting and presented my issue of staff attitude in the clinic, which was handled and am very happy." Client from Kinawataka 2 community



Client village meeting at Nakawa community

Nineteen client focused prayer days were carried out reaching 127% of the annual target of 15. This over achievement was attributed to ROK carrying out prayer days for different villages as opposed to parish levels to avoid clients travelling long distances.

Material and shelter support

With funding from friends of Reach Out (FORO) a total of 300 client households were assessed for house rent and material support. Sixty (20%) of them received house rent grant and 144 received mattresses and blankets reaching a total of 303 (182 females) secondary beneficiaries. In addition, 11 clients were housed at Hope Restoration Center (an accommodation facility at Banda site built with the support from SPEDAG INTERFREIGHT).

Basic care package

With support from the Program for Accessible Health Communication and Education (PACE), the Basic Care Packages (BCP) was provided to 280 new clients while 5,120 water guard tablets were distributed to 4,784 clients. In addition, of 2,586 OVC households received the basic care package that included BCP messages, and water guard reaching a total of 12,930 secondary beneficiaries.

2.2 Food and nutrition support

Continuous assessments were done to determine new eligible clients while stable ones were phased out. Four hundred and nine food insecure households were referred for food assessment and 300 were found eligible. With support from CDC 286 pregnant women households received food benefiting 1,430 secondary beneficiaries. Through MMI and SIDECOLE 280 and 53 OVC households respectively received food benefiting 1,665 secondary beneficiaries. Of the primary food beneficiaries 40% were on ARVs, 42% on prophylaxis 3% are on TB treatment, and 15% were total orphans. Ninety four percent food collection was achieved.

The food basket comprised of rice, beans, and corn Soya blend. Household size of 1 to 4 received 12.5kg maize meal, 4.16 kg beans, and 8.33kg CSB while the ration for households of 5 and above is doubled.

2.3 Operation child support

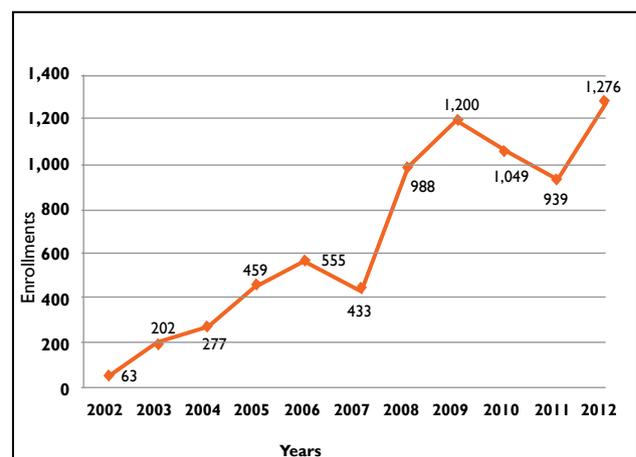
Orphans and vulnerable (OVC) were supported with the 6 core program areas including education, shelter, economic strengthening, nutrition, health care, legal & child protection and Psychosocial support. The psychosocial support package is comprised of play therapy (targets HIV positive children who come for clinic consultations), friend's forum (monthly meeting for all HIV positive children with their parents/guardians) and Saturday children's club (targets all children supported by OCS and other vulnerable children in the community).

ROM supported 3095 OVC with nutritional support of which 2586 received Health care and 1276 education educational support. The outputs/outcomes of the core program areas are elaborated below.

Education

Four hundred and four OVC households were assessed for school fees support, out of which 342 eligible OVC were enrolled while 56 OVC were referred for food support and 35 were referred for counseling. Education support has been scaled up to reach 1,276 active OVC by 2012 (figure 11). Overall, CDC supported 1,009 OVC. Of the supported OVC 137 were HIV positive while the rest were vulnerable due to the loss of one or both parents to HIV. Three of the OVC were from child headed households. ROM collaborated with 22 schools, out of which 16 are government schools. All OVC received scholastic materials.

Figure 11: Education support to OVC (2002-2012)



OVC SUCCESS



Watoke Derrick Okello a 21 year old OVC has been raised by a single mother who is self-employed as a food vendor. Due to school fees constraints, Derrick stayed out of school for two years until Reach Out Mbuya intervened to support him in 2008, hence resuming studies in senior three.

However, the distance between school and home was overwhelming, a challenge that affected his concentration in class. When he joined a candidate class, he opted to enroll into the school boarding section to allow more time for reading but also engage in sports activities like soccer and darts to keep him in good shape. In the O' level examinations, Derrick scored a first grade (20 Aggregates) and vowed to work even harder to excel in A' level.

"I endeavored to seek guidance and wisdom from some of my friends who were excellent in certain subjects and the teachers especially Mr. Godfrey Mumpe always guided me in my studies. My dream was to become an architect, so I researched about the subject combination required".

Indeed, his hard work paid off, as he scored 21 points in A-level and he joined Kyambogo University to pursue a Bachelor of Science in Surveying and Land Information Systems. "I thank GOD for guiding me through my studies, answering my prayers and keeping me in good health. To my fellow youths out there, it is all about what you want to become and your attitude towards working hard to achieve it". Watoke Derrick Okello

Table 4: OVC receiving education support by donor in 2012

Donor	Male	Female	Total	Percentage (%)	Primary	Secondary	Vocational
CDC	451	519	970	73.9	622	262	86
ROSE	68	63	131	10.0	74	57	0
Uganda Bikers	38	28	66	5.0	47	19	0
SIDECOLE	28	32	60	4.6	59	1	0
ROM	19	27	46	3.5	28	18	0
Stanbic Bank	8	7	15	1.1	15	0	0
Barclays Bank	2	0	2	0.2	0	0	2
Church	5	7	12	0.9	12	0	0
*Others	4	6	10	0.8	7		3
Total	623	689	1312	100.0	864	357	91

* This includes; Donation boxes, Health visitors, Norbert & Fiona, Staff fund

School Performance

During the year, the OVC recorded a great improvement in class attendance and all did their exams. However 100 (12%) OVC repeated a class which was majorly attributed to enrollments in school during term 2 and change of schools by the OVC. One hundred and sixty four OVC were in candidate classes (100 sat for PLE, 55 sat for UCE and 9 sat for UACE) and the results are detailed in table 8, 9 and 10.

Table 6: Primary Leaving Examinations (PLE) out come

Division 1	Division 2	Division 3	Division 4	U	ABS	Total
19	57	13	9	1	1	100

Table 7: Uganda Certificate of Education (UCE) outcome

Division 1	Division 2	Division 3	Division 4	Total
5	22	19	9	55

Table 8: Uganda Advanced Certificate of Education (UACE)

Combination	Grade	Points
HEGA	OODD5	9
HEED	ODOC5	10
PMCE	CCED6	16
HEDG	CCCA5	19
HEDF	BDCB 5	18
HEDG	BCBB4	20
HEED	CDBC4	17
HELD	BCAC2	20
HEGA	COOD6	10

School and home visits

The social workers made 436 school visits to all 1276 OVC to monitor and discuss performance and to ascertain school attendances. The social workers referred 366 OVC with social-economic challenges to the CNC for close monitoring at home. The issues for which children were home visited included frequent absenteeism from school 220 (60%), un-conducive reading environment at home 81(22%), abuse and exploitation 17 (5%) and stigma and discrimination 48 (13%).

Career Guidance

Overall, 1138 children received career guidance from social workers. The 35% increase over the previous year was attributed to scaling up the social workers interventions in schools.

Psychosocial Support

Using a peer-led approach psychosocial support activities including friend’s forum, play therapy and Saturday children’s club were implemented.

Saturday children’s club

A cumulative total of 2,272 children (419 HIV positives) were reached representing 190% of the annual target of 1200. This success was attributed to integration of the OVC activities into home based care services, with the community health workers taking on the mobilization roles. Nine hundred and eighty four OVC who presented with psychosocial related issues were supported through individual and group counseling, music, dance and drama.

Friends Forum

Twelve sessions of the monthly friend’s forum (adherence) interventions for HIV positive children aged 13-18 years were held. There has been a steady increase in the number of children attending this activity which is attributed to the strengthened home visits by the teenage and adolescent community supporters and their involvement in the monthly friend’s forum. A total of 149 children (125 females) were reached out of the 345 active children in care representing 43% of the HIV positive children in the program. However, 106 consistently poorly adhering children were linked to the peer-led friend’s forum while 6 children who had poor adherence and were in boarding school were closely monitored to improve their adherence with support from the school matrons.

Play therapy

Two hundred and four children participated in the child therapy activities and 96 of them were identified with psychosocial problems and were referred for counseling interventions with their care giver. Three children presented with symptoms of severe malnutrition and were referred for nutrition support.



Children during a play therapy session

Capacity building and Economic Strengthening

Three hundred and one OVC households joined the Village savings and loans association (VSLA) while 138 children (F=60, M=78) were trained in MDD, brass band and Jazz band and made 21 money generating performances.



VSLA OVC household group saving

Shelter

A total of 304 OVC (F=183 M=121) clients benefited from shelter support, with 301 of them supported through partnerships with FORO and 3 by Liz. One client with a vulnerable child below one year was housed at the Hope Restoration shelters.

Health care

Care and treatment was provided to 345 HIV positive children, of which 246 were ART recipients. In addition, a total of 2,586 OVC households received the Basic care package.

Child protection and legal support

One hundred and sixty OVC and their guardians were sensitized on legal issues including child protection related issues and policies. Three thousand and forty five hundred (69%) children participated in these sensitisations. Six child abuse cases were identified and linked to the police for support.

2.4 Community prevention

Tailor made peer-led combination prevention messages were delivered to different interest groups through small groups of 15-25 individuals. HIV prevention activities were integrated into VSLA and HIV counseling and testing was provided within the self formed groups. The interest groups include: MARPs, operation Gideon (targeting men), treasure Life (targeting female community groups), couples program, in-school and out of school youth programs). The Post-test club supports these programs to mobilize and to deliver HIV prevention messages through music, dance and drama. With support from MOH, IEC materials were distributed during these sessions.

Most at Risk Populations (MARPS)

This program targets truck drivers, sex workers and fisher folk. A combination of HIV prevention messages were delivered through the mobile outreach approach. A total of 4,613 MARPS were reached, 2306 were fish folks, 1400 were sex workers while 907 were truck drivers representing 710% achievement. This over achievement was largely attributed to the introduction of the mobile outreaches with integrated prevention activities and focus on the use of the peers to deliver these messages.

Operation Gideon

HIV prevention and other health related issues were discussed at social gatherings such as bars and organized men gatherings consisting of small groups. A total of 2,239 (802 were new participants) men were reached, representing 78% of the annual target of 2,880). All the men received HCT.

A total of 2,565 women (1448 new participants) were reached, giving a 244% achievement.

Couples Program

Two hundred and fifty couples were reached, giving an achievement of 125% of the annual target of 200. Fifteen peer-led couples were trained to deliver HIV prevention messages. Key messages included discordance, faithfulness, Safe Male Circumcision (SMC) and positive prevention. The couples were also equipped with couple counseling skills. In total, the peers held 28 couple sessions with couples from different communities.

Post Test Club

Through the post-test club HIV prevention messages were delivered through music, dance and drama in the client village meetings, community gatherings and monthly CATTs meeting. Key messages included benefits of HCT and positive living, disclosure, adherence and combination prevention. The club reached 3976 individuals of whom 72% were female.

Community hygiene and sanitation activities

Hygiene and sanitation activities were strengthened through integration into CNC, clinic and community prevention activities. Two hundred and seventy eight clients consistently faced hygiene and sanitation challenges in their home environment. With support from Stephen Lewis Foundation (SLF), 25 demonstration tip taps were constructed within the communities and were adopted by 563 clients. During the year, 5 community clean ups were done.



Involving the children in keeping the community clean



CATTS taking the team through the tip tap use session

Youth in School

Peer-led school clubs were implemented in 2011 to support the prevention facilitators to deliver abstinence only messages and life skills to school children of different age categories. During the year, 4,832 children were reached from 22 schools (7 secondary schools) with abstinence only messages representing a 387% achievement of the annual target 1250. This achievement was attributed to the use of the school clubs approach.

Youth out of school

A total of 1,692 (96% males) were reached, representing 135% annual target of 1250. This was largely attributed to the formation of youth out of school clubs.

Safe male circumcision

Through the community prevention and mobile outreaches 242 males were referred to IDI for SMC. Of these, 20% (49) were circumcised. The rest of the men raised concerns with travel distances to these centers. In partnership with AMREF, a total of 1,223 men were circumcised in Kasaala.

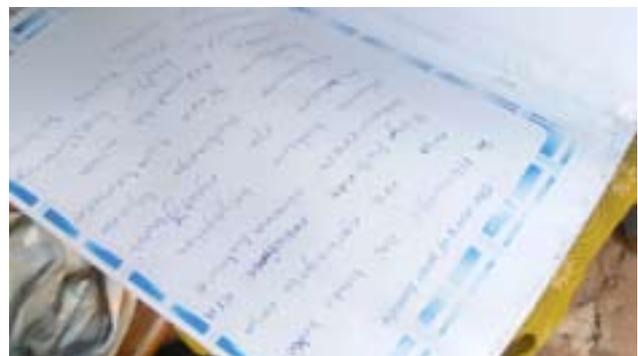
Legal support

The legal support arm continued to collaborate with local leaders, schools and prisons to ensure protection of children, PLHIV and their families. It was strengthened through networking with Ministry of Gender, Labor and social Development, the Uganda Human Rights Commission, and other Human Rights NGOs as well as

other legal service providers. Fifty sensitizations were made, reaching 1,025 clients (714 were females and 160 were child related) with legal issues. Of these, 24 were referred for counseling and 656 referred to the police and other legal support agencies. Reasons for referral Included child abuse and neglect 247 (38%), domestic violence 210 (32%), land grabbing 148 (23%) and work related 51 (8%).

Memory book Implementation

With support from the SLF, ROM implemented the memory book project in three languages i.e. Luganda, Luo and English, reaching 280 clients (93% annual target of 300). A baseline assessment found out that 35% of the clients especially children did not know about their family ties.



A family is taken through the memory book by a community worker



2.5 Village Saving and Loans Association (VSLA)

During the year, the save up- VSLA project funded by CARE Uganda from 1st June 2009 to 30th May 2012 closed. The project aimed at improving the livelihoods of the community through self-selected savings and loaning groups. At the end of the project period 106 groups were formed reaching 3001 individuals out of whom 2195 were females. One hundred and two groups were undertaking saving activities, with one group graduating to the third cycle, 40 groups in the second cycle, and 61 groups in the first cycle. Ninety groups were formed under the village agent model by the end of the year with 2,699 memberships, 73% of whom were female.

The total cumulative savings from all the groups stood at shillings 1,799,328,000/=, the cumulative number of loans at 39,625 with a cumulative loan value of shillings 4,104,211,025/=. The total outstanding loans amounted to shillings 888,789,350/= with average client involvement of 40%. By the end of the year 2012, a total of 61 groups had attained development stage.

I WILL KEEP RISING.



I have been greatly encouraged by ROM counselors who have assured me that I can live, as long as I have the will to. They have also stressed the importance of seeking employment sources as a means of supporting my children to grow into responsible citizens.

Through the Village Savings and Loans Associations (VSLA) introduced by ROM in Acholi Quarters where I live, I have managed to access loans whenever I get orders for beads larger than my income. I sell my beads as far as Kenya and Sudan, an initiative that has enabled me pay school fees for my last child. I love our savings group very much because we set our own interest rate according to our level of income, unlike before where I felt I was not presentable enough to access a bank loan.

Today, I say I have risen and will fall no more. To my fellow HIV positive persons, let us be part of the solution and not the problem. We can stop the spread of this virus. We can safely deliver responsible citizens through our children and bless the efforts of those who lift us up.

In August 2012, ROM received funding through TASO to implement VSLA among the MARPS. A total of 33 groups were formed and saving reaching 675 MARPs, out of whom 536 are females. To date the total cumulative savings stands at UGX 16,466,000/=, the cumulative number of loans is 350, with a cumulative loan value of UGX 20,275,000/= and the total outstanding loans amount to UGX 15,279,000/=. All the saving groups are still being closely monitored.

In addition, 480 households were assessed and found eligible to benefit from piglets and seeds (280 households for piggery, 200 households for seeds). By end of December 2012 44 households had received piglets and 27 households received seeds

Model garden farming in Kasaala

A demonstration garden/ learning centre was designed to showcase knowledge in crop diversification and sustainable gardening techniques appropriate for beneficiaries. The garden provided learning opportunities in planting and maintenance procedures to home gardeners and clients during clinic days. Five hundred and thirty three individuals benefited from this initiative, 500 of whom are clients of Reach Out. Crops grown included cabbages, onions, spinach, egg plants, carrots, green pepper and maize.

Kasaala community water

There is a problem of accessing safe water at Kasaala and Kenny family foundation sponsored a community

water project that will involve pumping water from underground using solar panels. This water will be distributed to the health unit and surrounding communities. The project is to start in 2013.



A beneficiary with her growing piglets

2.6 Roses of Mbuya

This is an income generating activity that targets HIV community women to provide a source of income for their families and to pay school fees for their children.

Annual Financial statement for Roses of Mbuya

Table 9: Annual Financial Statement fro Roses of Mbuya

Roses of Mbuya Sales	144,949,550
Canteen Sales	42,880,252
Total Sales	187,829,802

3.0 EXECUTIVE DIRECTOR'S OFFICE

3.1 Public relations and communications

ROM hosted 645 visitors representing 5% decline over the previous year, out of which 210 were international visits. The decline in the number of visitors is attributed to improved Information Education and Communication (IEC) materials distribution including availability of information through the organizational website. Majority of the visitors came for exposure visits, meetings, donations and support supervision.

Notably, in the third quarter ROM hosted the US Secretary of state Hillary Clinton who was joined by the Minister of Health Dr. Christine. J. D. Ondo, the Country Director CDC Dr. Taddese Wuhib, the Chairman Uganda AIDS Commission Prof. Vinand Nantulya, PEPFAR coordinator in Uganda Reuben Haglett and several ROM Board members.

In the second quarter, ROM hosted a team of the US Senate and Congress House Representatives, Care Atlanta & Care Uganda officials led by the Care Country Representative. The main purpose for their visit was to understand the impact of the VSLAs in an urban setting. In addition, in the month of June a team of students from Drake University (USA) led by Professor Dr Tom Root and accompanied by lecturers and students from Makerere University Business School visited ROM's VSLA beneficiaries. ROM has over the past four years piloted the urban VSLA concept and the success of the project as highlighted in the community section and has been of interest to several important dignitaries.

Local prominent visitors to ROM included the former Ugandan Minister of Ethics and Integrity Hon. Miria R. K. Matembe who was a motivational speaker at the Staff General Meeting plus a delegation of eight from the Buganda kingdom who visited the Kinawataka site for an exposure visit. Nakawa Division Member of Parliament Hon Fredrick Ruhindi, Mr Kalumba Benjamin (Mayor Nakawa) and Nadende Musa (Regional Police Commander Kampala Metropolitan East) also visited the organization and participated in the commemoration of the day of the African Child.

ROM actively participated in the Mbuya Parish day celebrations officiated upon by the Archbishop of

Kampala Archdiocese Dr. Cyprian Kizito Lwanga.

African Field Epidemiology Network (AFENET) donated raw materials for paper bead making. The SLF team also visited ROM to film its beneficiaries in preparation for their 75 years anniversary celebrations. ROM also hosted the FUFA Spokesperson Mr. Rogers Mulindwa as the guest of honor at the Children's Sports Gala on 1st September, 2012.

Information education and communication (IEC) materials

ROM distributed 13,750 IEC materials at several events and at ROM sites. Several IEC materials were received from Health Communication Partnership (HCP) and these included brochures and newsletters in several aspects of HIV.

Electronic and Print Media

ROM featured in both electronic and print media, an indication of the growing interest in the works of ROM.

- On May 3rd, ROM featured in the New Vision newspaper in an article entitled "Why HIV patients disappear from treatment" A reference to the Journal of Acquired Immune Deficiency Syndromes.
- On May 15th, ROM featured in the daily monitor in an article entitled "Widows, orphans cannot get AIDS drugs" by Stephen Otage.
- On Sunday May 20th, the ROM mobile outreach clinics launch at Kirinya Landing site in Bweyerogerere was aired on Uganda Broadcasting Corporation Television (UBC) during the 8.00 pm news.
- On May 30th, ROM featured in the New Vision newspapers in an article entitled "HIV patients shunning treatment" by Brian Mayanja.
- On 3rd June, ROM featured in the Uganda Martyrs' day souvenir magazine. The article focused on the activities at the Kasaala site.
- On 3rd August, NTV aired Hillary Clinton's visit to ROM on their prime time news at 9:00 pm.

- On the 3rd August, Capital FM, KFM and CBS FM announced the US secretary's visit to ROM. KFM also aired her speech that can be found at www.state.gov/secetary/rm. On 4th August WBS television aired the Secretary's Visit to ROM, highlighting ROM's PMTCT program as a model that has achieved ZERO MTCT
- On 5th August, both the Sunday Monitor and Sunday vision featured Hillary Clinton's visit to ROM. ROM also appeared on the BBC web page and the Huff post-social news by Deborah Derrick.
- On 15th August, the New Vision published an article entitled "Reach Out Mbuya fights HIV/AIDS, alcoholism and unemployment." This had a focus on the slum areas where ROM offers services.
- On 19th August, Bukedde Television aired the Mbuya Parish Day celebrations and a clip of the Archbishop blessing the ROM Mobile Outreach Services.
- On 3rd September, ROM appeared in the Monitor newspaper in an article entitled "less funds for HIV"; by Stephen Otag.
- On 12th September, 2012 ROM appeared in an article in the plus news. The article was entitled "Questions over governments' ability to cut new infections."
- ROM appeared in the independent magazine issue of 14th- 20th September 2012. The article was entitled "Sex and the girls": An expert's view on why Uganda's HIV/AIDS has a female face; by Sarah Namulondo.
- On 24th September, 2012 ROM appeared in the New Vision in an article entitled "strategy to curb new infections in newborns." It featured a testimony from one of ROM's clients Grace
- ROM appeared in the independent magazine issue of 14th- 20th September. The article was entitled "Sex and the girls": An expert view on why Uganda's HIV/AIDS has a female face written by Sarah Namulondo.
- On 24th September, 2012 ROM appeared in the New Vision in an article entitled "strategy to curb new infections in newborns." It featured a testimony from one of our clients Grace Among.
- ROM appeared in the November leadership issue in an article about the birth and growth of ROM written by Dr. Stella Alamo and Harriet Adong.
- In December, an article was written about the

Most at Risk populations in ROM by a freelance journalist, Racheal Adams.

Major events

ROM organized and participated in various major events as detailed below;

- Staff Experience sharing on 6th July, 2012 in which 234 staff participated.
- On the 28th of April 2012, the Annual General Meeting was held with 268 members in attendance.
- On 12th April, 2012 a cleanup exercise and VCT was held in partnership with National Water and Sewerage Corporation (NWSC) at Katoogo slum as they marked 40 years of service delivery to the communities.
- The mobile outreach clinic was launched in Kirinya Landing Site by Dr. Esther Nazziwa the ROM activity Manager at the Centers for Disease Control and Prevention Uganda.



The mobile outreach clinics launch

- On 11th May, ROM hosted a play entitled "The Tale of Pinocchio" which was sponsored by the Italian Embassy with support from the Uganda Bikers Association. This play was presented to ROM supported Orphans and Vulnerable Children (OVC).
- The Deanery day was celebrated at Mbuya Parish on 24th June, 2012 and Reach Out participated as part of the parish.

Corporate partnerships

ROM received donations from Medical Access, Shoprite, National Water & Sewerage Corporation and Tropical heat clients as part of their social corporate responsibility



Medical Access Limited donates to Reach Out Mbuya



National Water and Sewerage Corporation donated to Reach Out Mbuya

Comments from the visitors

Exit interviews were held with all 2012 ROM visitors. The findings showed that 98% of both the national and international visitors thought of ROM as a very supportive effort to the community.

“Thank you for the life saving work you are doing. The united states is proud to be parnter and a friend to the people of Uganda. May you continue to do this important work...best wishes” Hillary Rodham Clinton

“This is good and commendable work, please keep it up”, wonderful and supportive organization” US Senate and Congress House representative

3.2 Quality Assurance

Quality improvement has been incorporated into all program activities to ensure that services are in line with the set protocols and standards. The QA section collaborates with other departments in various activities including report and document reviews, client satisfaction interviews, data quality checks, budget review, and responding to specific quality assurance concerns.

External Laboratory quality control

External quality control was carried out by the national TB leprosy program for TB sputum and the Virus Research Institute (UVRI) for HIV testing. The findings showed 100% accuracy in staining and reporting TB results and the proficiency of the HIV testing.

Patient flow analysis

Client flow across all the sections was assessed and findings showed that over 50% of the clients come for drug refills with majority of patients seen at the triage points. ROM clinical team allocated the clinician distribution to allow for reduced waiting times at the triage.

Client satisfaction assessments

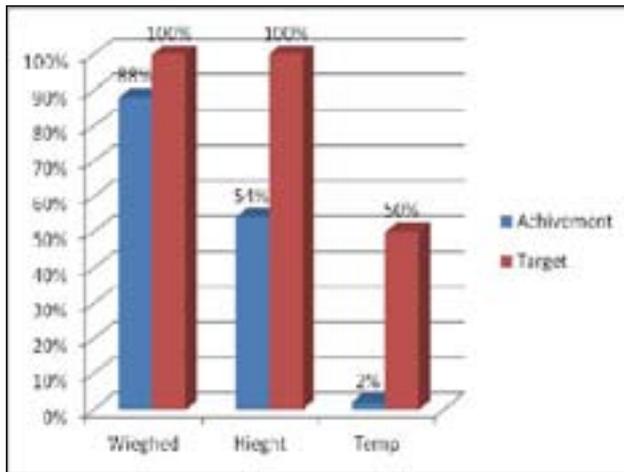
Findings showed that only 40% of the clients participate in the health education sessions. This low participation was mainly due to having only one session that is conducted early morning before some clients arrive. To improve participation, ROM has produced pre-recorded health education films that will be played throughout the day. In addition, 86% of the clients reported that they have been visited at home, while 14% reporting that they have never being visited. ROM is therefore devising ways to streamline the CATTS mode of operation to ensure that the visits are further prioritized to have at least a single home visit for each patient until they are stable. This would reduce the work load of the CATTS and enable them focus on those who need close follow up. ROM has already identified these clients, who have been given longer appointments which should improve the clinic efficiency.

Quality improvement for Pediatric ART

ROM assessed its pediatric program performance during the second quarter of 2012. The findings revealed that only 8% (346) of active clients in care are children, a figure below the national target of 15%. Strengthened HBHCT through the index HIV positive client and integrated HIV screening into maternal and child health outreaches were implemented to improve EID.

It was noted that 99% of the children had good clinic follow ups while 25% of the children were eligible for CD4 bleeding. These children were all bled within a week of being eligible. As illustrated in figure 11, significant proportion of children had their basic vital signs measured.

Figure 12: Basic vital outcomes for pediatric care



3.3 Procurement

A total of 742 purchase request were processed, with medical supplies accounting for the highest proportion. Lead time averaged to 11 days, an improvement from the previous year of 13 days. This is accredited to the sensitization on the procurement manual and improved specifications by the end users.

Total orders made were equivalent to UGX2,712,409,105 (Uganda Shillings two billion, seven hundred and twelve million four hundred nine thousand one hundred five).

3.4 Internal audit

Major audits conducted and discussed included Kasaala operations, visits to schools to assess the effectiveness of the school prevention program, audits of the drug consumption, laboratory reagents and consumables. Cheques and petty cash payment vouchers were also reviewed to ensure proper approvals and accountability. Monthly drug and quarterly non drug items stock verification was conducted with all presented audit queries discussed with the senior management and addressed appropriately.

The Audit section made a total of four presentations, two of which were to the Board of Directors and the other two to the Health Unit Management Committee of Kasaala. Additionally, the audit section facilitated the CDC specific audit for the period of September 01, 2011 to March 31, 2012 as well as the organizational wide audit for 2010 and 2011. All the audit queries were discussed with management and the Board of Directors.

“Courage is the most important of all the virtues, because without courage you can’t practice any other virtue consistently. You can practice any virtue erratically, but nothing consistently without courage”

Maya Angelou

4.0 MONITORING AND EVALUATION DEPARTMENT

- Using participatory approach, the department supported the development of the continuation application for 2012/2013 year funding.
- Implementation of a relational real time database developed in partnership with Monitoring and Evaluation Technical Assistance Project \rightarrow Makerere University (META) began in 2012.
- There has been an improvement in data quality

since the real-time data entries are now being fed into the system directly by the clinicians. Monthly data checks and queries in the ROIS confirm the progress; and comparisons of entries made by clinicians themselves in the data system and those made by data clerks before indicate minimal cases of errors hence periodic data cleaning though is still required.

“With the introduction of real-time data entry, I am able to see all patient information including clinic visits and laboratory results. I can also retrieve all patient history information just by the click of a mouse ”

Florence Awor - Counseling Supervisor

“Client follow-up has been made easier and I can now refer to details of previous clinic visits without having to review manual records.”

Eric Ezati- Senior Nurse & TB focal person

5.0 FINANCE AND ADMINISTRATION DIRECTORATE

5.1 The Human resources

At the close of the year, ROM had a total of 218 staff including Kasaala, of which 123 are established, 95 are support staff and 16 temporal staff.

Staff employment contracts

A total of 83 staff contracts were renewed. The employment contract and the appraisal tools were revised and put into use.

Employee of the year

Employee of the year 2012/2013 was Mr. Vincent Assimwe, an OCS assistant under the community support department. The runners up were Mr. Godfrey Wandera, an MIS officer in the M&E department and Ms. Pauline Picho, a mobile outreaches supervisor under the medical directorate. In Kasaala, the employee of the year 2012/ 2013 was Mr. Albert Otema, a laboratory technician and the 1st runner up was Ms. Scovia Awori, a maintenance support staff. Staff from various departments were recognized for their outstanding performance. They included Ms. Olivia Babirye- HR Assistant, Mr. Joshua Mambi-Community Team Leader, Ms. Rebecca Nantondo- CNC Supervisor, Mr. Eric Ezati- Senior Nurse, Ms. Agwang Phoebe- Pharmacy Assistant and Mr. Ahwera Maiba Lazarus- Maintenance Support Assistant.



Vicent Assimwe OCS assistant receives an award for employee of the year 2012/2013

Staff recruitment

During the year, 32 new staff were recruited the major ones being a Human Resources Manager- Ms. Harriet

Katusabe and Director Medical Services- Dr. Sandra Monica Nabachwa .

Staff exits

Thirty three staff exited the organization out of which, 11 resigned to go back to school, 17 contracts were not renewed, 4 were terminated and 2 absconded. Fifteen staff changed positions across the organization.

Staff welfare

A staff general meeting was held on 2nd of April, 2012. It was through this meeting that various committees that include procurement, disciplinary, spiritual, training and staff development were formed. Staff spiritual retreats were held in March, August and November 2012, both in Mbuya and Kasaala. In addition, 40 volunteers held a meeting with the senior management team on the 26th September 2012 to appreciate their commitment and discuss their challenges.



During the year held a staff team building event was held on 6th July 2012



Staff attending the annual staff general meeting



Staff at one of the spiritual retreats

Staff Training & development

Staffs spent 37 working days (296 hours) in internal trainings and 11 working days (88 hours) in external trainings. Main trainings included malaria management, maternal and child health, cancer of the cervix screening, ART guidelines, memory book, pharmacy and counseling SOPs.

Two health centers (John XXIII H/C III in Gayaza and Foyer de Charter's), chosen for capacity building in HIV treatment and care received training and support supervision. The health centers were supported in the accreditation process and included St. Benedict Clinic in Luzira. All these clinics have been linked to the National supply chain for their HCT commodities supply.

Above is picture of a training conducted on indigenous organizations at John XXIII H/C III in Gayaza and Foyer de Charter's.



Capacity building training Session John XXIII H/C III at Gayaza

During the year, ROM had 4 staff who visited Nairobi and South Africa to learn more about the implementation of MARPs activities. Two staff visited Nyumbani Children's home in Nairobi to learn about integration of OVC into the community activities.

Seven staff graduated with various degrees among who was the Executive Director, Dr. Stella Alamo Talisuna who graduated with a doctorate in medical sciences. (PhD) from the University of Antwerp, Belgium.

Volunteers and students

One hundred and fifteen volunteers (16 international) and 33 students (nationals) were placed at ROM.

Staff Time Management

Time logs analyzed Indicated that most staff reported between 8:10-8:30am. During the 1st quarter, 80% of the staff reported between 08:15- 8:30 am, 82% during the 2nd quarter and 85% in the 3rd quarter. Consistent late comers have been counseled. A few challenges were noted during the 4th quarter as the clock machine was faulty.

5.2 Financial Statement

Table 10: Income Comparison 2011 And 2012

Source	2012	2011
AMREF	14,710,000	
AVSI		12,662,502
Barclays Bank	153,750,000	
Care Uganda	42,027,956	56,962,351
CDC	5,077,000,230	4,342,566,804
CHAI	156,245,746	271,682,028
Donation Boxes	13,200,687	
Donation OVC	16,662,050	
FDR Interest	125,575,411	44299553
Friends of Reach Out	25,893,950	24,570,000
Housing Finance U WAD	8,700,000	
IDI		17,355,920
Kampala City Council	7,764,069	11,100,000
Loan Interests	12,714,450	8,157,630
MMI	183,383,345	198,506,600
MOH	500,319,020	298,256,901
Other Donations **	65,174,421	15,969,772
Diamond Family Foundation	49,600,000	
ROSE (California)	50,746,850	50,524,600
Roses	187,829,802	164,934,093
School of Public Health		3,513,000
Sid Ecole	67,960,000	70,431,000
Stephen Lewis	135,435,763	239,136,126
TASO CDC	110,030,160	
Kenny Family foundation	46,760,000	28,428,750
Uganda Bikers		15,000,000
United Way Uganda		2,000,000
Total	7,051,483,910	5,876,057,630

Other Donor** Hand Cap International, JOCS, Asset disposal, Toolkit, and Tenders

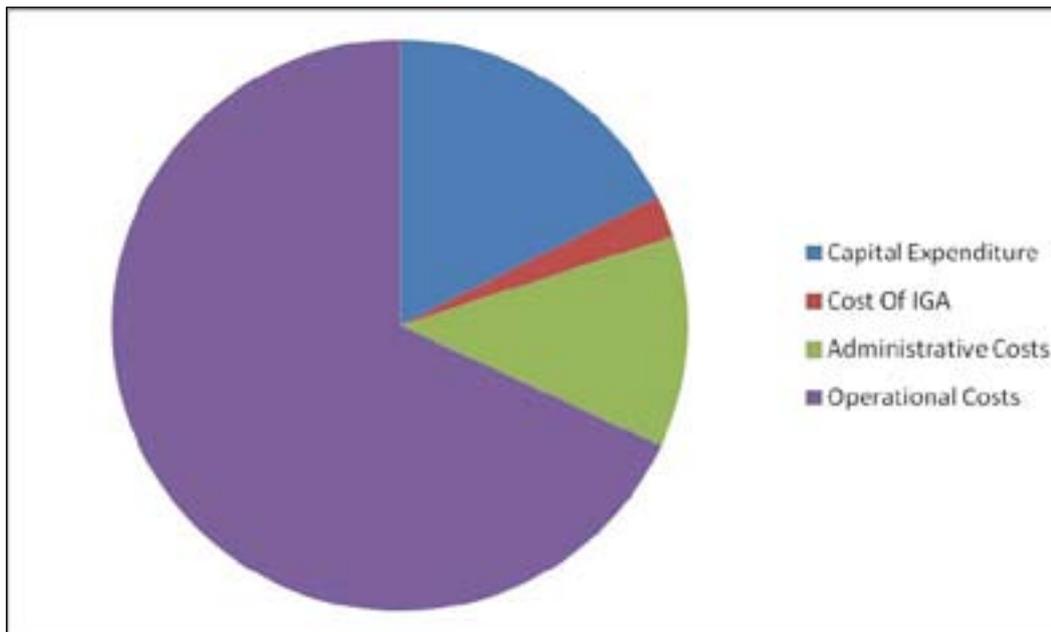
Note 1: Figures reported for 2012 are not audited and expenditures of 2012 were supported by opening balances from previous years.

Table 11: Total Expenditure 2012

Category	Amount	%
Capital Expenditure	1,228,102,037	17%
Cost Of IGA	103,190,398	1.4%
Administrative Costs	708,005,519	9.6%
Operational Costs	5,961,733,354	72%
Total	8,001,031,308	100%

Note 2: Total Expenditure for 2012 is more than the income due to opening balance carried forward

Figure 13: Year's Expenses Summary



1.0 APPENDIX 1

Table 5: Laboratory investigations done in ROM in the year 2012

Tests	Mbuya	Kina	Banda	Bugolobi NH	PPP	Mobile Van	Total
Malaria blood smear	1244	1974	653	168	0	17	4056
HIV1 &2	6696	2733	857	857	789	631	12563
Pap smear	65	39	21	0	0	0	125
Serum crag	300	428	155	6	0	40	929
BETA-HCG	127	204	57	0	0	7	395
Toxo titers	291	397	142	7	0	41	878
TPHA/VDRL	214	211	95	33	0	264	817
Hepatitis B screening	248	345	148	16	0	33	790
TB screening (consider slides)	372	539	190	1	0	0	1102
TB follow up (consider slides)	116	125	68	0	0	0	309
No. of TB patients(Screening)	210	293	105	0	0	0	608
No. of TB patients(follow up)	59	80	34	0	0	0	173
Sickling test	0	0	0	0	0	0	0
H.Pylori	99	151	62	0	0	15	327
Occult Blood	10	5	2	0	0	0	17
HCV	181	311	142	9	0	41	684
LFTs	298	407	150	48	0	52	955
RFTs	293	401	150	45	0	52	941
CBC	298	403	129	34	0	52	916
Aspirates	0	0	0	0	0	0	0
HB	182	295	109	0	0	9	595
Modified Zn	3	7	9	0	0	0	19
Gram Stain	5	2	0	0	0	0	7
Blood grouping	85	111	46	0	0	0	242
Rbs	236	230	114	2	0	140	722
Urinalysis	324	515	186	0	0	4	1029
Stool analysis	56	105	42	0	0	0	203
Electrolytes	212	294	136	40	0	52	734
Film report	266	468	138	0	0	1	873
DNA/PCR	83	119	12	0	0	1	215
Viral Load	33	29	3	0	0	0	65
CD4 Counts	2464	3466	1022	58	0	98	7108
Total	15070	14687	4977	1328	789	1550	38401

BOARD OF DIRECTORS



Chairman Board of Directors
Father John Munghereza,
Our Lady of Africa, Mbuya



Mr. Mathias Nalyanya
Director



Dr. Peter Lochoro
Director



Ms. Regina Bakitte
Director



Mr. Mugisha Odo
Director



Dr. Stella Alamo Talisuna
Executive Director



Mr. Protazio Kintu
Director



Mr. Aloysius Owor
Director



Ms. Edith Bonabaana
Director



Dr. Patrick Ogwok
Director



Reach Out Mbuya Children Talents Club

Music Dance Drama Brass Band Music Dance Drama Brass Band Music Dance Music Dance Drama

Contribute to a Worthy Cause

Reducing stigma amongst children

**Raising funds for school fees support for
orphans and Vulnerable children**

**Developing the dance and Drama talents
of the youth in our community**

**The Best Children's MDD
group in town**

Annual Report

Reach Out Mbuya Parish HIV/AIDS

P.O. Box 7303,
Kampala, Uganda
Tel: +256 414 222 630
E-mail: reachout@reachoutmbuya.org

Chairman, Board of Directors,

Rev. Father John Mungereza,,
P.O. Box 7303,
Kampala, Uganda.
Phone: 041-221 777.

Executive Director,

Dr. Stella Alamo Talisuna,
P.O. Box 7303,
Kampala, Uganda.
Phone: +256 41 222 630.
Mobile: +256 77 2228844.
E-mail: salamo@reachoutmbuya.org