

2016

ANNUAL REPORT



I

INTRODUCTION

Vision | Mission | Objective | Values

V

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.

M

We aim 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. We do this by educating individuals and the community about HIV and AIDS and providing holistic care to those already infected and their families.

O

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

V

Teamwork



Client Focus



Professionalism



Learning and Growing Organization



Solidarity



Encouraging Direct
Involvement of Persons
Living With HIV and AIDS



Respect for Life
and Enhancing
Human Capacity



Reach Out Mbuya named
HIV/AIDS Leader of
the Year Award for a
Community-Based
Organization by Uganda
AIDS Commission



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCP	Basic Care Package
CATTS	Community ART and TB Treatment Supporters
CDC	Center for Disease Control and Prevention
DNA-PCR	Deoxyribonucleic Acid-Polymerase Chain Reaction
eMTCT	Elimination of Mother-to-Child Transmission of HIV
EPTB	Extra-Pulmonary Tuberculosis
FP	Family Planning
FSG	Family Support Group
HBHCT	Home-Based HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
MJAP	Makerere University Joint AIDS Program
KP	Key Populations
M2M	Mother to Mother

MCH	Maternal and Child Health
MDR	Multi-Drug Resistant
MOH	Ministry of Health
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PACE	Program for Accessible Health Communication and Education
PHC	Primary Health Care
PNC	Postnatal Care
PTB	Pulmonary Tuberculosis
PPP	Public Private Partnership
ROK	Reach Out Mbuya Parish HIV/AIDS Initiative – Kasaala site
ROM	Reach Out Mbuya Parish HIV/AIDS Initiative
TAS	Teenage and Adolescent Supporters
UGANET	Uganda Network on Law, Ethics and HIV/AIDS
VHT	Village Health Teams
VSLA	Village Savings and Loans Associations
WHO	World Health Organization



WELCOME MESSAGE

We are reminded that we need to have targeted HIV prevention messages, but as the prevalence changes in the older age group, we also need to reach out to the men and the >49 age group and get them into care.



Welcome to this year's Annual Report that highlights our unique holistic approach to HIV care through the stories and experiences.

As a young graduate, 23-year old Sharon was dreaming big and ready to start Fashion and Design that she had mastered at the university. This had to wait after she developed AIDS, going down with several opportunistic infections, failing on her 1st line therapy and ending up in Intensive Care Unit. Her will and determination to survive was admirable. Sharon is only one of the many young women who are increasingly at risk for HIV, and we share her story to encourage young people to test and to give them hope when they test HIV-positive. Thirteen-year-old Jordan was another remarkable story that reminded us of the vulnerability of children living with HIV and highlighted the importance of a holistic community program in HIV care.

This year, we opened the pediatric and adolescent clinics at our different sites and our young people delighted in their active involvement. The roles they play in the clinics may seem small, but they have

a significant impact on their lives and many have improved their adherence so that they can become peer leaders.

We continued to reach out to the Most-at-Risk Populations (MARPs), increasing the numbers of MARPs in care from 751 to 1,213. We have seen the HIV prevalence among girls aged 10 – 14 twice that of boys in the same age group, among girls aged 15 – 19 three times that among the boys and almost four times among those aged 20 – 24 years with sex workers among this group contributing almost 50% of the newly tested positive. We are reminded that we need to have targeted HIV prevention messages, but as the prevalence changes in the older age group, we also need to reach out to the men and the >49 age group and get them into care. The numbers of grandmothers and teenage mothers in the program continued to increase, and we have witnessed the impact of access to free medical care on the quality of life for the grandmothers.

This year, we marked 15 years of service delivery and we are eternally grateful to all who have been part of our story. We are grateful to our founders and

the volunteers that started it all, the PLHIV who support our clients in the communities, sharing their stories and living as true examples and all PLHIV that serve ROM in various capacities. I am grateful to the ROM staff who continue to serve diligently. I extend my gratitude to the Board of Directors for their continued guidance, the Ministry of Health, Nakawa DHO office, the Wakiso, Luwero and Nakaseke districts' leadership that have continued to support our programs, and all our partners and friends for continuing to believe in our work and providing the necessary support. We cannot forget the donors in their different capacities, many that have been with us for several years. Thank you for continuing on the journey with us. We are forever indebted to you. To our patients, I am always humbled by your openness and unwavering love for your organization. We continue to pledge our dedication to serve you.

Betty Nsangi Kintu

Dr. Betty Nsangi Kintu
Executive Director

CHAIRMAN BOARD OF DIRECTORS



Charity is the virtue by which the followers of Jesus are known. However small one's actions be, when they are done with love, they matter a lot in the lives of those who receive and share them.

Our mission at Reach Out Mbuya is to stop the further spread of HIV/AIDS in our community and to help those infected and affected by HIV/AIDS to live a positive life. This involves a lot of work and commitment. I would like to acknowledge the good work that has been done so far by a team of very committed staff and volunteers.

The many success stories at Reach Out this year have been out of collective efforts of the staff members, clients, donors and BOD members. There is a special zeal and enthusiasm in all stakeholders that makes us all eager to achieve our targets and mission.

Whoever has two coats must share with anyone who has none, and who even has food must do likewise; the Holy Bible teaches in Luke 3:11.

We often feel concern and pity over the wretchedness and distress of our

fellow humans, but seldom do we empathize with their condition and try to alleviate their pains. Unless we deeply involve ourselves in the plight of people, all our sympathy is no more than emotions and feelings that pass away soon.

Charity is the virtue by which the followers of Jesus are known. However small one's actions be, when they are done with love, they matter a lot in the lives of those who receive and share them.

Reach Out has been blessed by a good number of friends who have come in to complement our small efforts by contributing generously to this good cause. We are deeply grateful to all of our donors for supporting our programs financially. We shall always remain indebted to you for your kindness.

Human beings long to experience wholeness. The experience of wholeness comes from the experience of being loved. This is truly happening at Reach Out Mbuya because of the values of solidarity, love and indeed reaching out as our name suggests.

Let us continue to be focused and to work hard so that we may alleviate the pain and loneliness of many people in our community. Reach Out remains the best program in holistic HIV care in the country that is faith-based and community-based. Thank you indeed to all of you who make Reach Out shine.



Fr. John Mungereza
Chairman Board of Directors

FIGHTING HIV/AIDS: A GLOBAL CAMPAIGN

In 2016, Uganda adopted the international 90-90-90 strategy set by the United Nations General Assembly in 2013, which aims that by 2020: 90% of people living with HIV know their status; 90% of people living with HIV who know their status are accessing antiretroviral treatment; and 90% of people living with HIV who are receiving treatment achieve viral suppression, which means the HIV virus is undetectable in their blood.

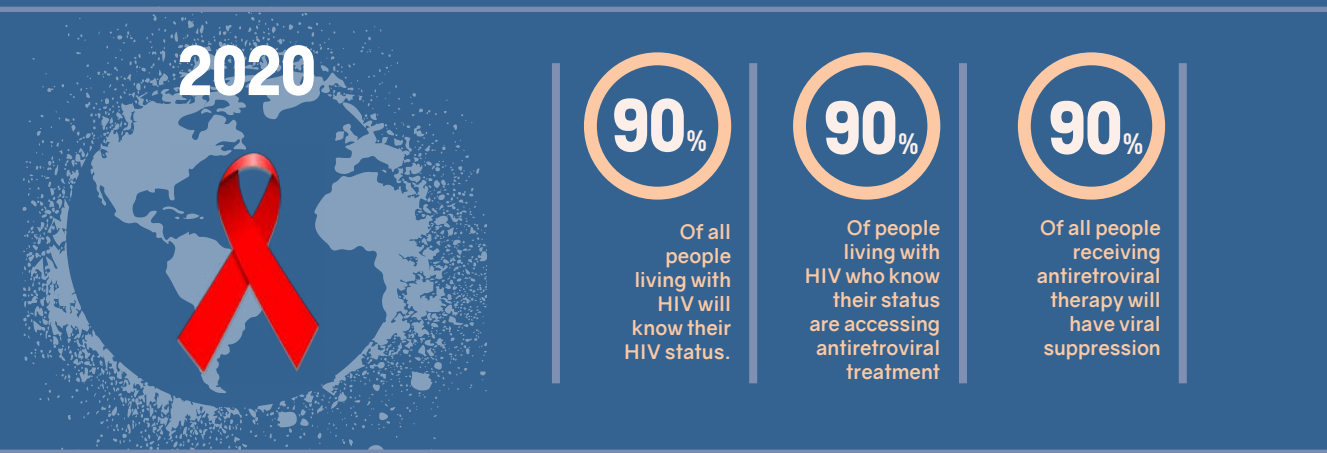
The National HIV and AIDS Strategic Plan 2015/2016 - 2019/2020 also aims for zero new infections, zero HIV and AIDS-related mortality and morbidity, and zero discrimination.

0.0%

- New infections
- HIV and AIDS-related mortality & morbidity
- Discrimination

In the 1990s
Uganda's HIV
reduced 18%-6.4%

By 2011, Uganda's
HIV prevalence
rose to 7.3%



OUR UNIQUE APPROACH

Reach Out Mbuya operates a holistic model that cares for the body, mind, family and community, empowering clients in all aspects of their lives and building strong communities that can sustain anti-AIDS efforts. In line with the National Strategic Plan priorities, in 2016 Reach Out Mbuya targeted the most vulnerable groups to reduce HIV transmission and enable those living with HIV to live responsible, dignified lives. We did this through prevention; care and treatment; psychosocial, economic and spiritual support; and health systems strengthening. Our unique community-based, peer-centered model of care finds our clients where they are and supports them through their treatment. We care for both the HIV-infected and HIV-affected, realizing that the children, partners, and community members may be affected socially, psychosocially or economically. We involve people living with HIV in our service delivery, with more than 36% of staff drawn from our clients.

36% of our staff are drawn from our clients





■ ■ Portbell Wellness Center, one of ROM's outreach centers that targets the Most-at-Risk Populations around Portbell landing site



■ ■ Mbuya site, the ROM main headquarters located in Nakawa division, Kampala

HIV Care

8,761 clients in care

26,554 counseled and tested for HIV

1,716 (6.5%) tested positive

94% linked into care

89% of the Most-at-Risk Populations testing positive linked to ROM for HIV care

89% of clients on ART

6,707 received viral load testing

87.5% achieved viral suppression

342 diagnosed and treated for TB

Community Support

11,826 OVC received psychosocial support

1,166 orphans and vulnerable children (OVC) received education support: **53%** female. All those who sat for the Uganda Advanced Certificate of Education (**21**) qualified for university

353 legal cases resolved

1,460 grandmothers served with health care services and economic empowerment projects

207 OVC trained in vocational skills

Our Work Recognized

32

media appearances

#1

Best Community-Based HIV/AIDS NGO in Uganda Award from the Uganda AIDS Commission

Capacity Building

21

Continuous Medical Education trainings completed, equivalent to 43 full days of staff time in capacity-building

3

abstracts presented at national and international conferences

2

phlebotomy rooms were constructed, with furniture and air conditioning improved in the lab

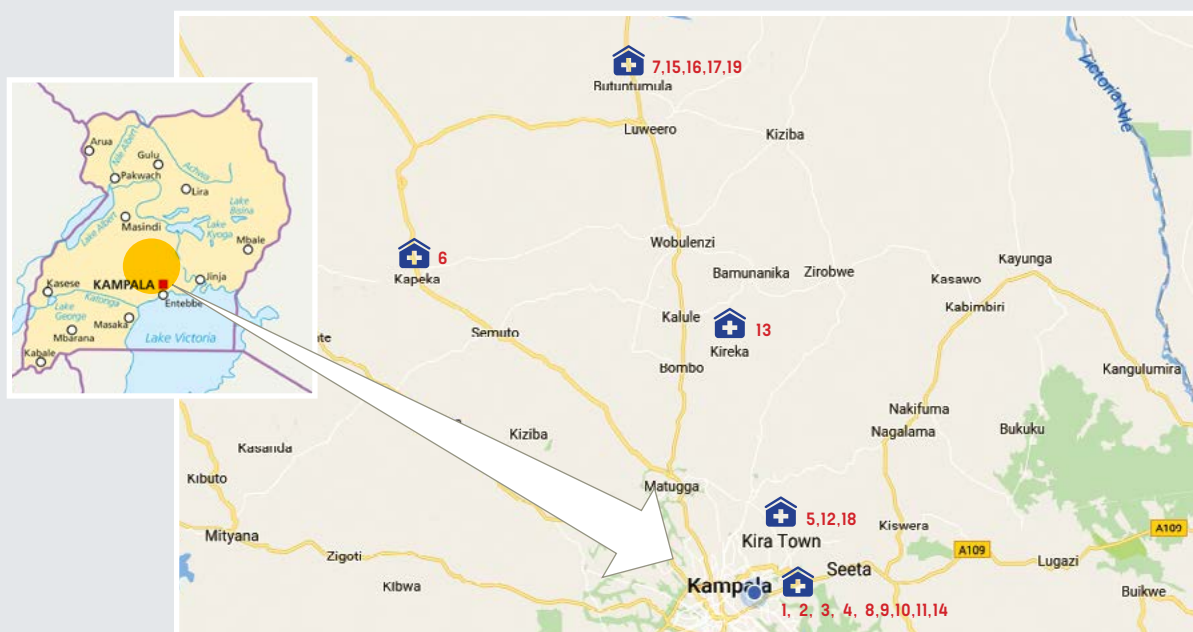


WHERE WE WORK

ROM works with the rural, peri-urban and urban poor communities within Kampala, Wakiso, Luweero and Nakaseke districts with the majority of our clientele being female. We work with many people who are single, widowed or elderly with minimal schooling and/or no source of regular income in their households.

ROM operates four static clinic sites of Mbuya, Kinawataka and Banda in Kampala and Kasaala in Luweero District. In Kasaala, HIV/AIDS services are integrated

with Primary Health Care services. ROM also operates mobile outreach clinics within the communities to ease access and better target the most vulnerable populations. These include “moonlights” (mobile outreach clinics at night), mobile outreach clinics in communities with high populations of the Most-at-Risk, such as near bars and fishing areas, and partnerships with public-private health care clinics. In Nakaseke, ROM operates an outreach clinic for majorly the sex workers, in Konakilak community near Ssingo barracks.



Mobile Outreaches:

1. Portbell Wellness Center in Kampala District
2. St. Mbaga Tuzinde Catholic Church Kiwatule in Kampala District
3. Our Lady of Consolata Bweyogerere in Kampala District
4. St. Jude Catholic Church Naguru in Kampala District
5. St. Charles Namataba Catholic Church in Wakiso District
6. Konakilak community in Nakaseke District
7. Mabuye Outreach Clinic in Luweero District
8. Knowledge Room, Kinawataka in Kampala District

Public-Private Clinics:

9. Bugolobi Medical Center in Kampala District
10. Pedok Domiciliary Clinic in Kampala District
11. Kitintale Family Clinic in Kampala District
12. Kirinya HC II in Wakiso District
13. Kireka HC II in Kampala District
14. Good Samaritan Maternity Home in Kampala District
15. Kabanyi HC II in Luweero District
16. St. Matia Mulumba HC II in Luweero District
17. St. Thereza Kabogwe HC II in Luweero District
18. Kimwany HC II in Wakiso District
19. Bamugolodde HC II in Luweero District

S

Growing up in an HIV-affected household, **ENOCK KANENE** becomes a role model to empower other vulnerable children.

“Miracles can be made through hard work. I have a changed mind and changed brain, and I’m living a changed life.”

Enock Kanene did not have an easy childhood. His father, a soldier who had 3 wives, died when Enock was just one year old. His mother, who is HIV-positive, was working as a tailor, sewing uniforms of university children. Though his grandfather was receiving a small pension, it was not enough even for Enock’s family to pay rent, let alone school fees.

Enock’s mother was already receiving her antiretroviral drugs from Reach Out Mbuya. As a ROM client, she knew she could apply for her children to be supported with school fees. But at first, Enock did not want to accept any help from the organization.

He had very low self-esteem and lacked care for himself or his future; “even when it came to the dress code, I used to wear sandals,” he said.

But his mother insisted, and ROM came in to pay the majority of the family’s rent and school fees, scholastic materials, and uniforms for Enock and his three siblings. ROM paid Enock’s school fees from P5 through university at Uganda YMCA Comprehensive Institute, where he received a Diploma in Guidance and Counselling in 2015.

“My joining Reach Out saved me so much,” Enock said. “Without Reach Out, my mother couldn’t be alive. And I have something in my head.”

After Enock completed Senior 6, he started volunteering at ROM in the Community department, where he meets one-on-one with ROM-supported OVC to assess their academic performance and identify any challenges in terms of security, social support, nutrition, child abuse and neglect. He also helps lead sessions for the children on preventing HIV/AIDS, ending child and teenage pregnancies, and defeating stigma and discrimination. Often, children who feel discriminated isolate themselves from others. Enock helps talk to them, teach them and encourage them to open up and accept help.

One of his most inspiring moments was when he identified a child who had an STI and was able to help him get treatment. With another child, who had stolen someone’s bag, Enock called the owner of the bag and convinced the child to apologize to him. This child was then able to accept responsibility for his actions and remain in school.

Enock also met one child whose mother was arrested and had been left alone in the house without money for rent or food. Enock helped transfer the child to the ROM Community Team Leader, who intervened to support the child with shelter and sustenance.

“I want to give back to the organization. It is good to help others,” Enock said.

“You might find that children think that having HIV is the end of life. Having HIV does not mean it’s the end of life. There are people who have reached university who are positive. We try to encourage them, for instance in our Christmas party where we bring them together to share, play games, and dance.”

In the past, Enock used to fear even coming into the office to work. He now says that he can talk to a large mass of people to share information and his experience.

In the future, he wants to work in social work to encourage other youth like him not to give up, no matter their circumstances. He also wants to become a donor to Reach Out Mbuya to support other children like he was supported.

“Miracles can be made through hard work. I’m a winner but a winner who does the same things as other people, but I do them differently. I have a changed mind and changed brain, and I’m living a changed life,” Enock said.



■ ■ Enock Kanene on a school visit to counsel sponsored children

Preventing HIV Transmission

ROM is building an AIDS-free generation through strategic prevention interventions, which are designed particularly for the most vulnerable groups such as pregnant mothers, children and adolescents and members of key and priority populations.

HIV Prevention among Children and Adolescents

ROM has tailored its prevention messages and services to reach young people through forums accessible to them and innovations such as adolescent clinics and Teenage and Adolescent Supporters (TAS) who are peer health workers that follow up individually with the adolescent clients.



2016 Adolescents Music, Dance and Drama competition for HIV prevention

HIV Prevention interventions for in and out of school adolescents and youth



A two-day HIV prevention workshop was organized for selected teachers to empower the teachers with HIV prevention knowledge. These teachers oversee HIV prevention activities at their respective schools using existing structures like clubs and routine co-curricular activities. 30 teachers (19 females) from 14 schools were trained.

Elimination of Mother to Child Transmission of HIV (eMTCT)

As of 2016, ROM has achieved seven years of 0% mother-to-child transmission through our community support structures and implementing the global four-pronged approach to Prevention of Mother-to-Child Transmission (PMTCT) for mothers in the PMTCT program.

However, HIV positivity continues among mothers, presenting during the postnatal period which increases the risk of transmission to the infants.



A mother and her baby during the PMTCT training

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In a Mother's Words: NAKANWAGI SUZAN'S STORY

“When I delivered my baby girl, I brought her to the PMTCT nurse for her medication and breastfed her as advised until she was discharged HIV-free. She is now 2 years old and a bundle of joy to me. I take my medication faithfully because I want to live long enough to watch her grow.”

I had stomach ulcers that were extremely painful; this pushed me to go to the hospital to do a test, and this was when I discovered that I was HIV-positive. It was a traumatizing time for me because the doctor was rude and told me that my blood was already infected and that explained why I was having the horrible ulcers. I was devastated by the results. I did not get any counseling to prepare me for what to expect. I knew that death was looming, and so I called my sister to tell her about my few assets so that when I died, she would know what belonged to me. What hurt me most was the fact that I was going to die without bearing a child and having someone to make my memory live on. Fortunately for me, my big sister was very supportive when I told her about the results and what was going on in my life. She encouraged me to keep the hope alive, but of course I thought this was all just consolation.

We had been advised to come to Reach Out Mbuya by the doctor and when we arrived at Mbuya, I broke down because I was overwhelmed by the fact that there was a big crowd of people at the waiting area and I was told that all of them were actually HIV-positive. The doctors there were very friendly, and the community workers (CATTS) were also HIV-positive and could therefore relate with what I was going through. Kabuye, one of the CATTS told me to be strong and that I could have children who were HIV-negative.

I was started on antiretroviral therapy and over time regained my strength and even found a husband. I took my medication faithfully and continued to ask God to help me because I was extremely desperate for a child. I finally conceived, but was diagnosed with fibroids, which I feared would lead to a miscarriage. Nevertheless, I was extremely excited to have my own

baby. I followed all the doctor's orders and had a mother to mother (M2M) supporter who attended to me. When I delivered my baby girl, I brought her to the PMTCT nurse for her medication and breastfed her as advised until she was discharged HIV-free. She is now 2 years old and a bundle of joy to me. I take my medication faithfully because I want to live long enough to watch her grow. Currently, my viral load is undetectable.”

Suzan speaks with so much joy as she talks about her baby girl, proudly swiping through the pictures on her phone, talking of the plans she has to take her child to school and give her everything that she needs.

She is thankful to ROM and wants to share her story with other women living with HIV so they can gain hope that they too will overcome.

Prevention of HIV infection among women of reproductive age

Women and adolescent girls of reproductive age were sensitized on HIV prevention through women and VSLA groups in the communities, young mothers' support groups, discordant couples groups, and programs for youth in and out of school. Women in discordant relationships continued to receive risk reduction training through a 2-day modular discordant risk reduction intervention, during clinic consultations and through small group education sessions with their partners.

233 pregnant women that had tested HIV-negative in their early stages of pregnancy were retested with 5 pregnant women sero-converting. ROM implemented Family Support Groups that are based and meet in the community to enable mothers to educate each other about HIV prevention.



■ ■ PMTCT group counseling by a mother-to-mother (M2M) supporter

Prevention of unintended pregnancies among HIV-infected women

HIV-infected women of reproductive age were sensitized about family planning (FP) and on the importance of child spacing during clinic consultations, health talks and maternal child health (MCH) outreaches. 181 women that needed family planning services were referred to nearby government health centers and to the PPP public and private facilities supported by ROM through a public private partnership (PPP).

Elimination of the transmission of HIV from infected mothers to their babies

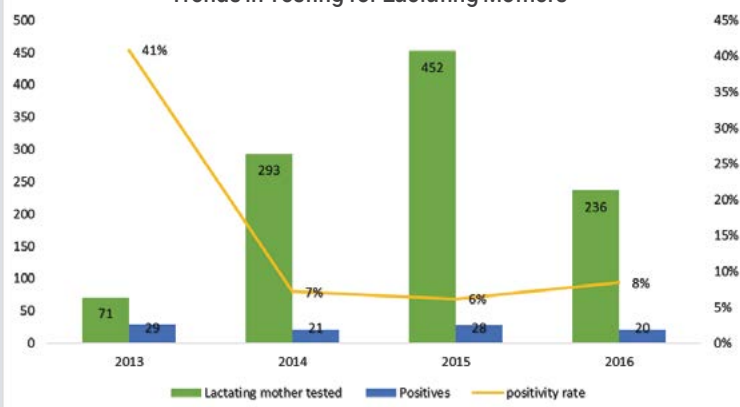
All HIV-positive women of reproductive age were screened during clinic visits, ANC, labor and PNC. 236 (8%) of mothers tested positive during PNC. ROM enrolled 2,827 new mothers on antenatal care. 2,198 pregnant women were given HIV testing and counseling, with an overall positivity rate of 5%. Of the pregnant women with HIV, 100% received ART, including 123 who were newly initiated on Option B+, a WHO recommendation where all pregnant and breastfeeding women are initiated on ART for life.



■ PMTCT training

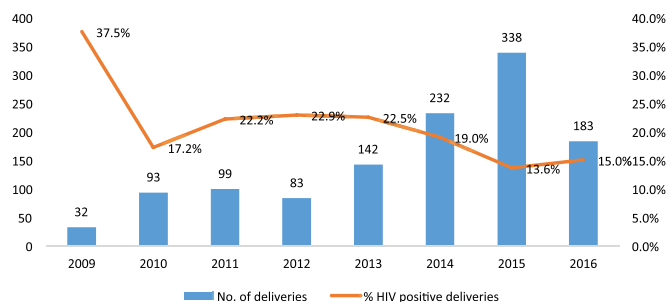
Provide care, treatment and support for mothers living with HIV and their children

Trends in Testing for Lactating Mothers



ROM's peer-centered community network of care supports pregnant and lactating mothers by linking each mother to a M2M supporter who follows them up in the community until the babies are two years old. At the Mother-Baby care points in the clinic, babies are weighed and mothers' socioeconomic status is assessed. In 2016, 470 pregnant women were followed up by the M2M. Mothers were also enrolled in the Family Support Groups for improved follow up, improved adherence, disclosure and family support. 74 males escorted their spouses for ANC services and were offered HCT; 3 tested positive and were linked into care.

HIV Positivity among mothers delivering at Kasaala



Deliveries at Reach Out Mbuya, Kasaala (ROK)

The Reach Out Mbuya site in Kasaala offers comprehensive eMTCT services including a full labor ward. In 2016, 250 were admitted; 173 deliveries (35 adolescents) were conducted, of which 15% were HIV-positive and all received the full eMTCT package. There was one newborn death during the year.

Prevention Among Key and Priority Populations

Alongside global and Ministry of Health priorities, ROM targeted HIV counseling, testing and treatment toward the most-vulnerable groups. The mobile nature of their work, difficulty reaching them with prevention messages, and stigma associated with many of the groups make it hard to reach and retain many of these groups in care. Key populations reached included female sex workers (FSWs), persons who inject drugs (PWIDs), and men who have sex with men (MSMs) while priority populations included long distance truck drivers, fisher folk, uniformed men and migrant workers.

ROM runs outreach clinics to reach those areas where MARPs generally live and work, including “moonlight” outreaches at night. Specifically, ROM operates centers that allow MARPs to interact and receive edutainment while receiving HIV prevention services; these include the Portbell Wellness center at the Portbell landing site that attracts fisherfolk, truckers and FSW who work in nearby bars; the Knowledge Room in Kinawataka near a transport and shipping company that attracts truckers and sex workers; and the Konakilak center near Ssinga barracks that targets the FSW and uniformed personnel. ROM also reaches MARPs through peer-led dialogues, tailor-made IEC materials and referral for family planning services within the community in partnership with ATGWU, AMICALL, Community Health Alliance Uganda (CHAU) and other PPP facilities.

In 2016, ROM reached 6,481 MARPs with prevention and offered HTC to 5,281. MARPs were found to have an overall HIV positivity rate of 8.2%, with the highest percentage of all groups among female sex workers. 47.6% of the MARPs reached were women.




Mobile van outreach for the fisher folk




A mobile outreach near Portbell Wellness Center in a community with high numbers of fisher folk and sex workers

Partnerships for Prevention Packages

In order to provide combination HIV prevention services to MARPs, ROM partnered with Communication for Healthy Communities (CHC) for the production of targeted IEC materials, Ministry of Health (MoH), Amalgamated Transporters and General Workers' Union (ATGWU) for family planning in hot spots and with the Community Health Alliance Uganda (CHAU) through AMICALL Uganda for provision of BCC materials. ROM also worked in partnership with Makerere Joint AIDS Program (MJAP) to provide Voluntary Medical Male Circumcision (VMMC); 387 HIV negative men were mobilized, received information on VMMC and were referred for VMMC, and 291 received services.

387 
HIV negative men were mobilized,
received information on VMMC
and were referred for VMMC

291  Received services



■ ■ An HIV test

2016 HTC

26,554

Received HTC with an overall positivity rate of 6.5%

94%

of those found HIV-positive were linked into care

78%

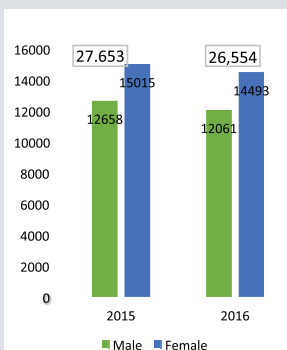
were enrolled at ROM

16%

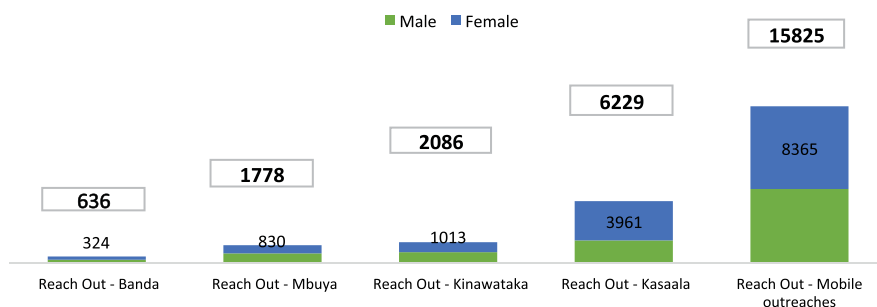
were referred to other health centers

Counseling and Testing

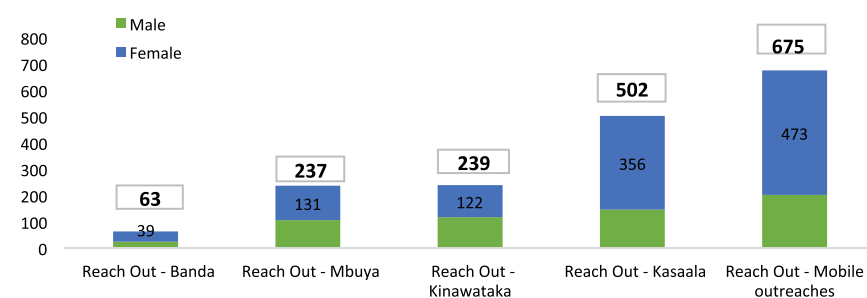
HIV counseling and testing (HTC) is the main point of entry into ROM's programs. HTC is offered at ROM's four clinical centers, mobile outreaches, moonlight clinics and PPP facilities, home-based care, and during prevention activities.



Individuals tested for HIV at ROM by 31st December 2016



Individuals with HIV positive results at ROM by 31st December 2016



7.9%

HIV positivity was highest among those aged over 49 years. It was higher among females than males.

Among adolescents

10-14 yrs | 15-19 yrs | 20-24 yrs

positivity was more than twice higher among females than males.

HTC By Gender and Age

Age Groups	Total		HIV positive			Positivity			
	Female	Male	Total	Female	Male	Total	Female	Male	overall positivity
< 1 year	19	21	40	3	0	3	15.8%	0.0%	7.5%
1 – 4 years	279	265	544	7	14	21	2.5%	5.3%	3.9%
5 – 9 years	368	365	733	11	8	19	3.0%	2.2%	2.6%
10 – 14 years	400	349	749	11	5	16	2.8%	1.4%	2.1%
15 – 19 years	1,217	757	1974	35	9	44	2.9%	1.2%	2.2%
20 – 24 years	2,621	2679	5300	181	60	241	6.9%	2.2%	4.5%
25- <49 years	9,164	7,114	16,278	835	463	1298	9.1%	6.5%	8.0%
>49 years	425	511	936	38	36	74	8.9%	7.0%	7.9%
Total	14,493	12,061	26,554	1,121	595	1,716	7.7%	4.9%	6.5%

Female HTC by Group

Age Groups										
		< 1 year	1 – 4 years	5 – 9 years	10 – 14 years	15 – 19 years	20 – 24 years	25 – <49 years	>49 years	Total
OVERALL ROM HTC-FEMALES	Total	19	279	368	400	1217	2621	7864	425	13193
	HIV Positive	3	7	11	11	35	181	723	38	1009
	Positivity	15.8%	2.5%	3.0%	2.8%	2.9%	6.9%	9.2%	8.9%	7.6%
ROM HTC-FSW	Total	0	0	0	2	151	561	1531	78	2280
	HIV Positive	0	0	0	0	3	81	202	6	286
	Positivity	0.0%	0.0%	0.0%	0.0%	2.0%	14.4%	13.2%	7.7%	12.5%
ROM HTC-PREGNANT	Total	0	0	0	0	294	773	1131	0	2198
	HIV Positive	0	0	0	0	8	46	55	0	109
	Positivity	0.0%	0.0%	0.0%	0.0%	2.7%	6.0%	4.9%	0.0%	5.0%
ROM HTC-LACTATING	Total	0	0	0	0	0	0	102	0	102
	HIV Positive	0	0	0	0	0	0	20	0	20
	Positivity	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	19.6%	0.0%	19.6%
ROM HTC-General Population-FEMALES	Total	19	279	368	398	772	1287	5100	347	8570
	HIV Positive	3	7	11	11	35	54	446	32	588
	Positivity	15.8%	2.5%	3.0%	2.8%	3.1%	4.2%	8.7%	9.2%	6.9%

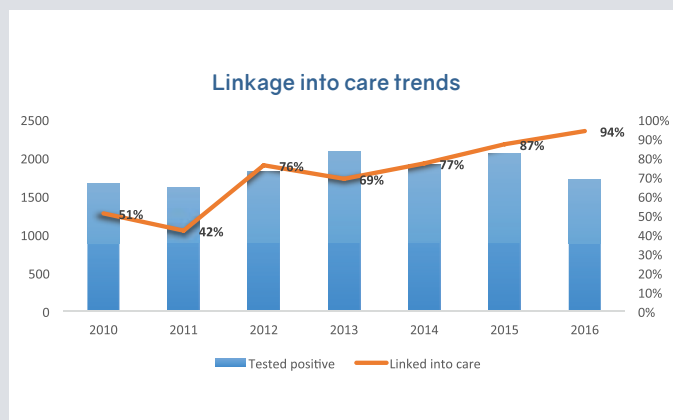
Analysis of this data showed that 45% and 28% of the positive females among the 20 – 24 and 25 – 49 year-old age groups respectively were female sex workers (FSW). This has driven high positivity rates in adult males since they have resorted to being customers of FSW. ROM responded by designing interventions for out-of-school youth FSW and other MARPs to prevent them from joining sex work.



45% & 28%
positive females

among the
20-24 and 25-49 year-old age groups respectively
were female sex workers

Care and Treatment



The ROM pharmacy at Mbuya site

Providing Antiretroviral Care and Treatment

Age Groups	ACTIVE IN CARE					
	Female	Male	Total	Female	Male	Total
< 1 year	12	12	24	0.2%	0.3%	0.3%
1 – 4 years	91	75	166	1.7%	2.2%	1.9%
5 – 9 years	87	99	186	1.6%	2.8%	2.1%
10 – 14 years	125	117	242	2.4%	3.4%	2.8%
15 – 19 years	119	54	173	2.3%	1.6%	2.0%
20 – 24 years	668	192	860	12.6%	5.5%	9.8%
25- <49 years	3,909	2,630	6,539	73.9%	75.7%	74.6%
>49 years	276	295	571	5.2%	8.5%	6.5%
Total	5,287	3,474	8,761			
%	60%	40%	100%			

As more people have received sustained ART and AIDS-related deaths have fallen, the numbers of people living with HIV in Uganda have risen from 1.3 million in 2010 to 1.5 million in 2015, according to UNAIDS. About 96,000 of these are children under age 15. ART coverage also rose from 22% in 2010 to 60% in 2016, with the percentage of children living with HIV in Uganda who are on ART increasing from 31% in 2014 to 66% in 2016.

ROM is working toward the second “90” that aims for 90% of all people diagnosed with HIV to receive sustained ART. By December 2016, 89% of the clients were on ART, 7.9% of whom were children. Retention in care was routinely monitored and patients who disengaged from care were actively followed up through phone calls and home visits.

ROM is working toward the second

90%

89%

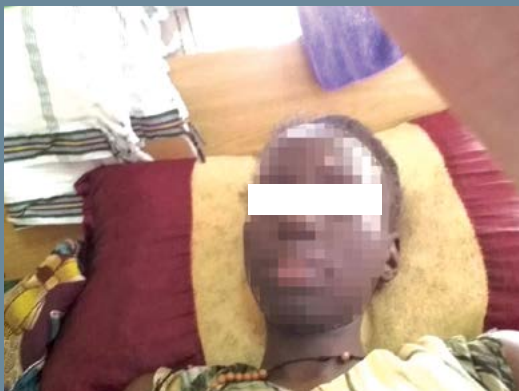
By December 2016 of the clients were on ART

7.9%

of whom were children

S

In and out of the hospital, a young woman finally becomes healthy: **SHARON'S STORY**



Sharon before treatment

She smiles while talking about the ROM doctors. “They are very loving and good at counseling; this wasn’t the case in any of the other hospitals,” she said.

23-year-old Sharon is a young lady living with HIV. She was infected by her former boyfriend in 2014. She never realized that she was HIV positive until she started feeling ill in the middle of 2015. By then she had just graduated from the university in Industrial Fine Art and Design.

She went to Nsambya Hospital to test because she had an aunt who worked there. When she tested HIV-positive, it didn’t bother her much at first, but later in the day it sank in and she cried.

She later got counseling and was started on ART, which she took faithfully as prescribed by her doctors, but she never felt any better. In January 2015, she was admitted in Nsambya hospital with toxoplasmosis and a persistent cough until she got better and was discharged.

In March she was well enough to start working on her designing, which she had studied in school. All was going fairly well until September when she started coughing up blood. She went back to hospital to get an X-ray and was given more medication.

“Our neighbor at home was watching me and saw me wasting away and got concerned. She came home to talk to me one time, telling me about her brother who was HIV-positive and who

she had taken to Reach Out Mbuya for treatment. She told me that he had received so much care and support while there. I opened up to her and told her my HIV status, and she advised me to come to Reach Out for a test.”

“I told my parents about the idea and we came to Reach Out in November 2016; they took blood samples and I was told to return in a week. Around this time, I lost my voice and could not speak. I was so sick that I collapsed and was taken to the Intensive Care Unit for a week in Nsambya hospital. My father returned to Reach Out Mbuya and informed them about my situation. When I returned two weeks later, I was started on 2nd line ART, and I had pimple-like boils all over my body. It is now February, and I have moved from having hospital visits fortnightly to having them monthly, because I am more stable and I feel much better now.”

She smiles while talking about the ROM doctors. “They are very loving

and good at counseling; this wasn’t the case in any of the other hospitals,” she said.

She aspires to be a businesswoman with a family and children of her own.



Sharon after treatment

TESTING VIRAL LOAD: THE THIRD 90

6,707

viral load tests were conducted at ROM throughout the year in response to the 3rd 90 UNAIDS goal

87.5%

of ROM clients on treatment had viral suppression

83

clients attended an adherence workshop for clients failing on ART

ROM conducted 6,704 viral load tests throughout the year; 87.5% of clients on treatment achieved viral suppression. Adolescents had the lowest viral load suppression at 67.8%.

Many clients receiving services from the outreach clinics had high viral loads, and an adherence workshop was organized for clients failing on ART, which 83 attended. Through presentations, demonstrations and testimonies, the workshop addressed issues including lack of food, lack of social support from partners/family, stigma, alcohol and non-disclosure.

Treating coexisting maladies

TB/HIV

ROM continued to integrate TB and HIV services; routinely screening for TB among all HIV clients and clients presenting for HTS and screening for HIV among patients diagnosed with TB. Clients diagnosed with TB and/or HIV were managed according to the National TB and Leprosy Control Program (NTLP) guidelines. Samples collected were sent for GeneXpert at the National TB Reference Laboratory (NTRL).

ROM carried out TB screening for all the 8,761 clients, identifying 1,847 presumptive TB cases who were subjected to further investigations. 342 clients (13 children <15 years, 48 HIV negative) were newly diagnosed with active TB. Of the 294 clients with TB/HIV co-infection, 290 were already on ART and 4 were started on ART. 13 TB relapse cases were diagnosed and restarted on treatment. All those newly diagnosed were started on anti-TB treatment and linked to the CHWs for close follow-up. 6 Multi-Drug Resistant TB cases were active in care on second line anti-TB therapy and were being followed up in the community.

Contact tracing was conducted to 84 households that had an index smear positive case. 182 adults and 107 children were

screened, diagnosing 7 TB cases. Overall, ROM achieved 87% treatment success rate.

STIs

People with sexually transmitted infections are at greater risk of acquiring HIV or passing HIV to a negative partner if they are positive. ROM provided STI screening, diagnosis and treatment during HIV care consultations, during ANC and PNC, and to HIV-negative MARPs and couples in discordant relationships. Of the 8,761 individuals screened, 1,395 were diagnosed with STIs including 1,319 MARPs. 939 individuals were diagnosed and treated for STIs. Additionally, 64/1008 (6.4%) pregnant women were diagnosed and treated for syphilis.

Malnutrition

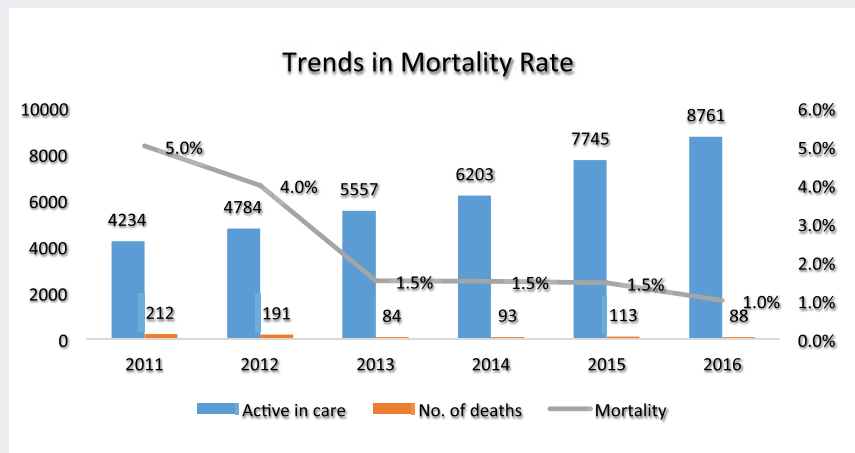
Nutrition is being implemented as one of the key components of HIV care and treatment using the Nutrition Assessment Counseling and Support (NACS) framework, including quality improvement mechanisms. ROM received Ready to Use Foods (RTUF) for treatment of severe acute malnutrition, which has reduced the need for hospitalization and improved the attainment of the target weight. Patients identified as severely malnourished were referred to Mulago National Referral Hospital Nutrition Unit for further management. During the year, 8,761 clients (488 pregnant and lactating mothers, 418 HIV-exposed infants) received NACS during clinic consultation and home based care. 428 (390 HIV-positive clients) were enrolled onto the nutrition program. 383 HIV positive clients with nutrition issues were counseled and 1,395 mothers were counseled on infant feeding. ROM carried out food demonstrations mainly targeting mothers with children below 5 years of age, mothers and caretakers of malnourished clients and child-headed households.



A nutrition training for the young mothers support group

Death Audit

88 deaths occurred, representing 1.0% mortality rate, lower than the previous year of 1.5%. Mortality among those on ART was 0.9% while mortality among clients not on ART was 1.8%. The main cause of death was TB (18% of deaths) with mortality due to cancer at 9.2% in 2016.



2016

88 deaths
deaths occurred, representing

1.0% mortality rate this year

1.5% mortality rate previous year

0.9% among those on ART

1.8% among those NOT on ART

Of deaths:

TB: 18%
Cancer: 9.2%

Focusing on Vulnerable Groups

ROM provides targeted care for the most vulnerable groups, including children and adolescents, the Most-at-Risk Populations, couples in discordant relationships, and HIV-positive clients struggling with alcoholism.

Pediatric and Adolescent care services

ROM provided monthly specialized pediatric and adolescent care clinics that were supported by a pediatrician and Teenage and Adolescent Supporters (TAS) who received training in play therapy. Services were tailored toward improving diagnosis, enrollment, adherence and retention in care among children and adolescents. In 2016, 2,965 clinic consultations were carried out in a child and adolescent-friendly environment with educational skits, board games and crafts to encourage interaction among the peers. The child-friendly services included availing flexible hours for school-going adolescents to attend clinic without affecting their school schedule. In 2016, ROM identified 18 adolescent peers who were mentored to provide adolescent-friendly psychosocial support services, including assisting in running the adolescent-only clinics. They are involved in basic triaging, pill-counts, retrieving

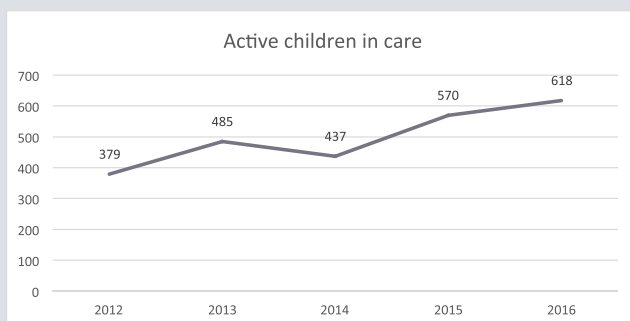
files, and leading the sharing of experiences. They also mobilize other adolescents for activities and remind them of clinic appointments. Due to peer involvement, 2016 has seen marked improvement in adherence amongst the adolescents; improvement in self-esteem and improved communication skills. Exchange programs with Baylor College of Medicine Uganda have further built their networks and boosted their confidence. Home-based care by the TAS has also ensured family support of clients to help adherence and retention in care. 618 children (7.1% of all clients) and 415 (4.7%) adolescents were active in care by the end of the period.

Through index contact tracing using home-based HCT and integration of HTS in immunization and OVC programming, 2,066 children and 2,723 adolescents were reached with HTS out of whom 59 children and 60 adolescents tested HIV-positive and were linked into care at ROM. Within a play space in the clinic, children ages 5 to 10 were offered play toys, worksheets for drawing and coloring, and puzzles. Those who were facing challenges were identified and handled by counselors or nurses, or were referred for further support. 486 children participated in play therapy activities used to identify psychosocial challenges; 178 (26%) children were identified



■ ■ Discussion group in Friends Forum, a peer support group for HIV-positive youth

with psychosocial issues and were appropriately linked to counseling, 122 for family support services and 56 for medical care. 2,525 home visits were made to 618 children and adolescents; 181 of whom consistently had poor adherence and were linked to the peer support program and adherence groups. 113 children improved their adherence from an average of 62% to 75%.



■ ■ The play therapy spot in the clinic for children

Adolescent Clinics and Adolescent Peer Involvement



■ ■ Adolescents in waiting area during the Adolescent Clinic

2,066 children

2,723 adolescents

were reached with HTS out of whom

59 children and **60** adolescents tested HIV-positive and were linked into care at ROM.

486

children participated in play therapy activities used to identify psychosocial challenges

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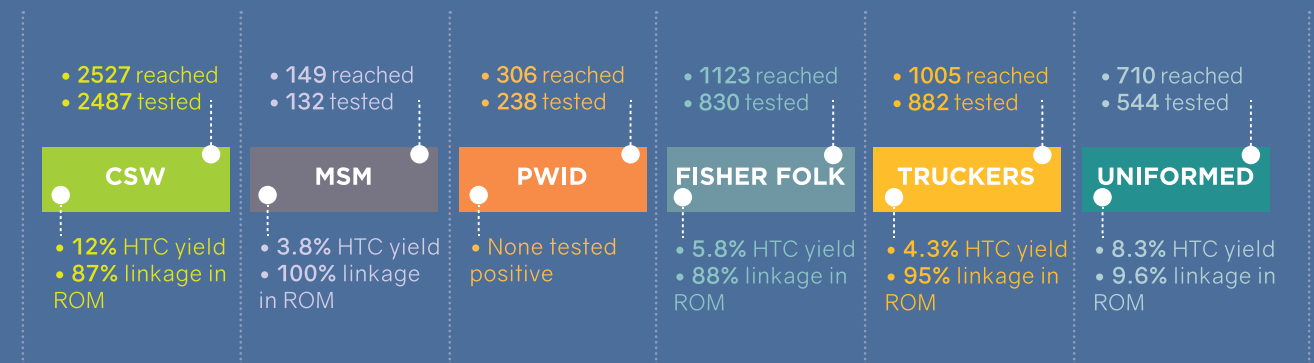
181 of whom consistently had poor adherence and were linked to the peer support program and adherence groups.

Most-at-Risk Populations



■ "Moonlight" outreach clinic to reach mainly female sex workers (FSW) with HTC

ROM opened Kinawataka Knowledge Room in 2012 and Konakilak outreach and Portbell Wellness Center outreaches in 2015. Throughout the year, ROM reached 5,820 MARPs with prevention interventions. 2,857 key populations and 2,256 priority populations received HTC services with 10.6% HIV positivity among key populations and 5.4% HIV positivity among priority populations. ROM ensured 98.6% linkage into care (89% to ROM facilities and 9.6% to facilities of their choice) while 1.4% were still undecided at the time of testing but were still followed up by the peer clients.

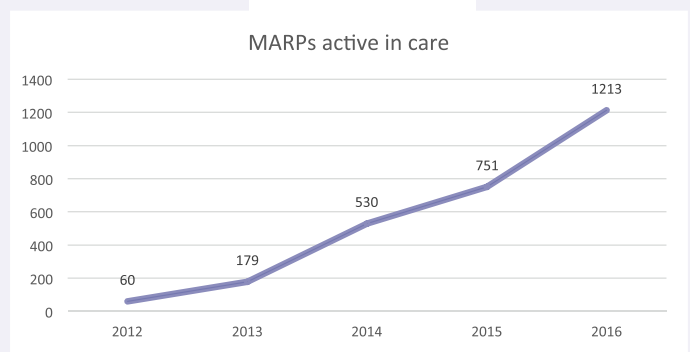


ROM implemented the test and treat guidelines for all newly enrolled MARPs. This has increased the number of MARPs on treatment to 1,213. ROM has strengthened intensive ART counseling for MARPs as they start ART, and economically empowered over 200 MARPs with skills beyond sex work, which has led to improved adherence levels.

Active MARPs by Category in 2016

MARPs category	Number	Percentage
Female Sex Workers	633	52%
People Who Inject Drugs	24	2%
Men Who Have Sex With Men	8	1%
Fisherfolk	178	15%
Truckers	135	11%
Uniformed Men	140	12%
Boda Boda Men	95	8%
TOTAL	1,213	100%

MARPs Active in Care



Discordant Couples Program

HIV discordance among couples is a situation where one partner is HIV-positive and the other negative. Among married or cohabiting couples in rural Uganda, 5–7% were estimated to be HIV sero-discordant according to the HIV/AIDS Sero-Behavioral Survey 2004–2005. The discordant couples' program was formed to protect the negative partner and child (in case of pregnancy) from contracting HIV. ROM conducts trainings that aim at creating awareness and acceptance of HIV

discordance, creating a peer support group for the discordant couples, preventing HIV transmission to the negative partner and/or children, and strengthening adherence to drugs and communication between partners.

Out of 1,155 couples tested, 74 couples (6.4%) were discordant and all were linked to the Discordant Couples program. 18 couples were concordant positive and all were linked to HIV care and treatment.

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“She promised me she would never leave my side...” THE STORY OF A DISCORDANT COUPLE

“In July 2010, my wife, Nabitalo Zalaika, suggested that we go together for HIV testing so that we could know our status. The results came out showing that I, Mpirirwe Patrick, was positive and my wife was negative. Upon receiving the news, I was devastated because in my wildest dreams, I could never have imagined that I would contract HIV. For an entire week, I was in denial because I could never imagine how it was possible that my wife would be negative and I positive, yet we were sexually active.

We went to Reach Out Mbuya to conduct another test because I was sure the ones at Naguru were faulty because I was not using condoms with

my wife and yet the tests were giving different results. The Reach Out clinic in Banda gave us exactly the same results as those that we had received from Naguru. All this time my wife was by my side encouraging me and assuring me of her full support. She also relieved my fears by promising that she would never leave my side but rather would take care of me like she had been doing all along, even before the tests.

After a month, I returned to Banda and I was given septrin which I took for an entire month until I was then started on ARVs. Since then, I have followed a strict routine of taking my medicine, and my wife has been instrumental in reminding me in case I forget. Life has

never been any better than it is now. I also encourage all those who get tested and the results come back positive to start on drugs and adhere well, as it is the key to living a normal and fulfilling life. To those that have not tested, do so because not knowing your status doesn't imply that you are negative.

We have one child that was tested and finally found negative and has started school. This would not have been possible if not for the tireless efforts of counselors like Grace. I also extend my gratitude to Reach Out for providing us with free services that include testing, ARVs, and the various trainings that help us understand our situation better.”



■ ■ Zalaika and Patrick, a discordant couple who benefited from ROM's training



■ ■ Training for discordant couples



■ ■ HIV test for a member of a discordant couple

Alcoholics Support Club

Alcohol is a major cause of poor adherence. Some of the communities served by ROM engage in local alcohol brewing and selling which has affected clients' adherence. In June 2016, the Alcoholics Support Club was created to support clients struggling with alcoholism. The club meets monthly with support from Butabika Hospital.

Throughout the year, 55 clients were enrolled in Butabika Hospital for rehabilitation. 13 clients managed to stop using alcohol, remaining with a total of 260 active clients in the

Alcohol Support program. ROM continued to follow-up alcohol-affected clients through ongoing counseling and home visits to improve their adherence and viral suppression rates. 124 clients attended the Alcohol Support Program annual general meeting (AGM) that was led by an external facilitator from the Alcohol and Drug Unit from Butabika Hospital. ROM used this platform to enable clients who managed to stop alcohol to share with their fellow clients through performing skits on alcohol and adherence in peer support groups.

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CHRISTINE'S STORY



Christine, a client since 2003, used to brew her own alcohol.

"When drunk you cannot remember whether you took your ARVs today or yesterday."

But after joining the ROM Alcoholics Support club,

Christine is now 8 months sober.

"I stopped taking alcohol before I was taken to Butabika (Mental Referral Hospital) and now I crave soda and fruit juice instead."

Improving Laboratory and Pharmacy Infrastructure



Laboratory

A robust and up-to-date laboratory system ensures good HIV management, care, treatment, and follow up. Our laboratories perform quality testing and follow good practices and standard operating procedures, including participating in both internal quality and external quality assessments carried out by NTLP for sputum microscopy and proficiency testing for HIV panels conducted by UVRI, with a 100% success rate achieved in 2016. During the year, 62,939 laboratory tests were carried out. Tests included: HIV testing, Sputum analysis, Hep B and C, DNA, VL, CD4/CD8, HCG, TOXO Screening, Serum Crag, and VDRL, among others.

Proper infection control practices were incorporated within day-to-day laboratory activities that involved proper waste segregation, use of gloves, and use of protective gears. Laboratory staff maintained proper logistics management,

stock-taking of laboratory commodities and a supply chain system of laboratory consumables supported by Medical Access Uganda Limited (MAUL). Expiry of medicine, stock-outs, over-stock, and under-stocking of laboratory consumables were controlled.

Pharmacy

ROM has four functioning pharmacies and drug stores at each site. Throughout the year, ROM worked with MAUL to maintain

an efficient supply of ARVs to patients with a 2-month buffer to avoid any stock-outs. In 2016, MAUL started supplying Opportunistic Infections (OI) medicines to ROM in addition to ARVs and laboratory items. However, this came with a challenge that some drugs like anti-hypertensives were not supplied.

We acquire ARVs and OI drugs from MAUL, Co-artem and RDTs from Joint Medical Stores, and anti-TB drugs from National Medical Stores.

ROM MARKS FIFTEEN YEARS OF SERVICE TO THE COMMUNITY

ROM celebrated 15 years of service delivery on Friday, May 13 at the Mbuya site. About 800 people attended the colorful celebration, including the Minister of Health, Dr. Elioda Tumwesigye. The ROM Exploring Talents Club performed and recognitions were given to ROM staff who played an integral role in shaping the organization.





COMMUNITY AND SOCIAL SUPPORT

At ROM, we believe that caring holistically for people with HIV goes far beyond medical care. We reach our clients in their own communities, empowering them economically, advocating for their legal rights, supporting them psychosocially and helping HIV-affected orphans and vulnerable children stay in school.

Home-Based Care

Bringing Care Closer to the Community

ROM relies on a comprehensive system of community health workers to follow up with specific groups of clients. Categories include Community ARVs and TB Treatment Supporters (CATTS), Mother-to-Mother Supporters (M2M), Teenage and Adolescent Supporters (TAS) and Key population peers. Village Health Teams (VHTs) offer community and social support in Kasaala. Phone calls were also used to follow up clients living outside the catchment area. Priority visits were made to newly enrolled clients, clients with TB/HIV co-infection, pregnant mothers, and HIV-

positive children and adolescents. Adherence support was also enhanced through adherence support groups in each community, where expert clients helped support their fellow clients and drew individualized treatment plans. Through home visits, community health workers conducted pill counts to assess adherence. ROM helped respond to individual clients' challenges through community-facility linkages and mobilizing clients through community health workers for referral to social support services. . . Such community structures have enabled the community's contribution to health and influenced the development, reach, implementation and oversight of ROM's care and support services.

Home-Based Care



Key
Population
Peers



Community ART
and TB Treatment
Supporters
(CATTS)



Teenage and
Adolescent
Supporters
(TAS)

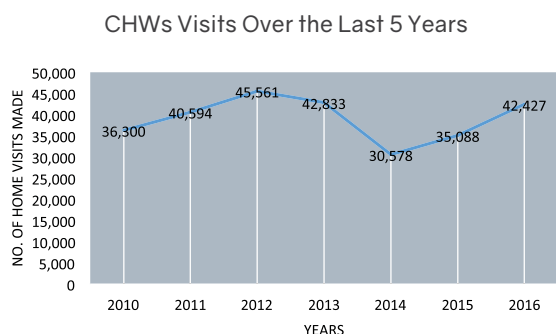


Mother-
to-Mother
Supporters
(M2M)



Village Health
Team (VHT)

Figure: Home visits made by the community workers, 2010–2016



A home visit by a nurse

Basic Care Package

With support from the Program for Accessible Health Communication and Education (PACE), 928 clients received the Basic Care Package (BCP) in 2016, including a mosquito net, water vessel, water guard and filter cloth, and 6,502 received safe water. Priority was given to pregnant mothers, new mothers and children younger than 5 years of age.

Friends Forum: for HIV-positive youth

Friends Forum is a peer support group for HIV-positive children and adolescents who have been disclosed to. During the meetings, topics discussed through debates, role plays and edutainment included sexual and

reproductive health, adherence, stigma and discrimination, disclosure and behavior change and team building. 408 children and adolescents attended various experience forums in 2016, and all who were identified with challenges were linked appropriately to support services.



■ ■ A Friends Forum meeting begins with a yoga session, where the children exercise and worship



■ ■ HIV-positive children participate in a role-play activity at a Friends Forum meeting

Exploring Talents Club

The Exploring Talents Club is an African dance troupe and brass band for psychosocial support for HIV-infected and affected youth. In 2016, the club was able to perform at

functions including weddings and conferences, including the National Paediatric and Adolescent HIV/AIDS Conference in October at Hotel Africana.



■ ■ The Talents Club performs at the annual Adolescent Sports Gala at Nelson Mandela Stadium



■ ■ The Talents Club performs at the National Paediatric and Adolescent HIV/AIDS Conference in October 2016 at Hotel Africana

Singles Club

This is a psychosocial program designed for adults living with HIV. All members in this group are unmarried, separated, widowed or divorced. The group is meant to provide solace to its members and a place to share concerns, dreams and ideas. The members have since started a savings group to further improve their wellbeing. The group has registered some couples from within the members who have chosen to be in concordant positive relationships rather than go through the struggle of disclosure and disappointments with the discordant nature of relationships.

Young Mothers Club

The Young Mothers' Club involves children and adolescent clients as well as OVC who get pregnant at a young age and aims to prevent HIV infection among the young girls

and women as well as give them skills to rebuild their lives. The club is a mix of both pregnant and breastfeeding young mothers aged younger than 24 years and meets quarterly. The young mothers meet in a non-judgmental conducive environment to share experiences and information on sexual and reproductive health. They also receive HTC and infant-feeding services. The club activities are facilitated by the eMTCT nurse, a counselor, and a childcare assistant, who also link the young mothers to other support systems. On average, 32 young mothers attended the club each meeting. In Kasaala, about 50 adolescent mothers are part of the Young Mothers Club that is supported by the Stephen Lewis Foundation. This group has a village savings and loans association and offers mothers and their children free medical care at the Kasaala clinic. The mothers have also been offered trainings in making liquid soap, Vaseline and porridge, as well as tailoring training funded by Barclays Bank.

Feedback from Clients Ensures Accountability

Reach Out Mbuya management meets regularly with clients, in their communities, to provide a direct avenue for beneficiaries to voice their concerns and get feedback from staff.

Village Meetings

ROM held 19 village meetings in 2016 with 1,468 (17%) clients attending. Clients were able to express their gratitude and challenges regarding ROM services, discuss critical service delivery issues, and gain feedback from ROM management for improved service delivery. Such issues discussed included client issues such as the need for school fees, food support and clinic delays; ROM responded by initiating economic strengthening activities and adopting differentiated service delivery models to decongest the facilities and reduce client waiting time. Attendees also discussed key program issues, including realizing the 90-90-90 strategy, adherence and keeping appointments, clients' networks, and adherence clubs.

CATTS Meetings

All community health workers meet once a month with the rest of the staff to assess themselves, share challenges and give feedback to the rest of the team. During the meetings, each



A village meeting in Acholi Quarters, a poor community made up primarily of families that fled northern Uganda during the Lord's Resistance Army rebellion

community health worker's monthly performance is shared, and updates on clients' referrals to community and between community and facility are discussed. Very sick clients in the community and mortality of that month are discussed, and this has helped the community staff better support the clients. The meetings are part of quality improvement of service delivery.

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A teenage mother with confidence and hope for the future: NAMUJU SAFINA'S STORY

"I didn't know how to nurse a baby at that time, and neither was I interested in carrying the baby," Safina said. "I just wanted to find some work to do to earn a living but not being home with the baby. So I left the baby with my mother and went to work for someone as a maid/house helper."



Namuju Safina is 18 years old and came to know about ROM when her father enrolled as a client in 2014. Her parents are in a discordant relationship and they stay in the suburbs of Kinawataka community. Safina grew up with her grandmother and had no chance to go to school in her early years. She started staying with her parents at 10 years old, but still her parents could not afford to take her to school. The parents relocated to Kinawataka community from the village and at the age of 15 years, she came to know about ROM after her father was enrolled for HIV care services. At the same age, Safina started missing her periods, and she realized she was pregnant. She escaped to go live with her boyfriend who stayed in Mukono,

but the relationship did not work out. At 5 months pregnant, she decided to come back home, apologized to her parents and luckily enough, they gave her a second chance. Towards delivery, she escaped back to her boyfriend and later delivered a baby girl. But when the baby was just two months old, she started falling sick, and Safina didn't know what to do. She informed her mother, who told her to come back home with the baby. Safina returned home again and started living with her family. Her mother supported her, and the baby's health slowly improved.

Safina's challenges didn't end, as she explains...

"I didn't know how to nurse a baby at that time, and neither was I interested in carrying the baby," Safina said. "I just wanted to find some work to do to earn a living but not be at home with the baby. So I left the baby with my mother and went to work for someone as a maid/house helper. After working for three months in this family, I had to leave because the man in the house wanted to have an affair with me, which I refused. So I went back home."

"When the community health worker supporting my dad came to visit him one day, she talked about the Young Mothers' Club at Reach Out where I could benefit

from and she talked about the chances of acquiring employable skills while a member of the club. I joined the Young Mothers' Club, and during the gathering, I was able to see young girls who were like me. I got new friends – fellow young mothers – and I was entrusted as a mobiliser in the group."

"I have learnt many things in the group that I didn't know about life, such as human rights and responsibilities, child care and nutrition, family planning services to avoid unwanted pregnancy and about sexually transmitted infections, and I received HIV counseling and testing services. With my 2.5-year-old daughter, I have resolved to abstain from sex until I find the right partner, and good enough I tested HIV-negative during the Young Mothers' gathering."

She added, "I thank Reach Out for treating my father and supporting our family. Some of my siblings are in school being supported by ROM. I have been assessed for apprenticeship skills. I am very confident now and I am looking forward to acquiring employability skills, finding some work I can do in order to supplement the family income. I am very grateful to ROM and the Young Mothers' Club."

Economic Strengthening

Many of ROM's clients live in Kampala slums or rural villages in poverty situations, which hinders their adherence to treatment and prevents them from being able to support their families in stable, healthy homes. ROM thus prioritizes economic empowerment activities to help those infected or affected by HIV strengthen their families' incomes. These include Village Savings and Loans Associations, the Roses of Mbuya tailoring workshop, and hands-on vocational skills trainings for the Most-at-Risk Populations, OVC and other vulnerable youth and women.

Village Savings and Loans Associations (VSLA)

Village Savings and Loans Associations are independent, self-selected and managed groups of 15-30 people who pool small amounts of their savings weekly to be able to take out and repay small loans and make gains at the end of the year. In 2016, ROM created and followed up 401 Village Savings and Loans Associations with 12,030 community members (29% of whom were clients) undertaking savings activities in ROM catchment areas. By the end of December 2016, the groups' cumulative savings value stood at 3,972,273,450/= with a cumulative loan value of 7,944,546,900/=. There were 220,227 loans made with a total outstanding value of loans at 32,460,535/=.

VSLA groups help empower ROM community members in livelihood economic strengthening sustainability skills through:

- Instilling a savings culture among the poor people in the communities they serve.
- Reducing dependence by starting up/improving existing Income Generating Activities (IGAs).
- Expanding choices beyond risky sexual behaviors among the Most-at-Risk Populations.
- Helping members acquire assets with the use of the village savings and loans at a low interest.
- Empowering members through capacity-building through Selection Planning and Management (SPM).
- Increasing bonding among community members.

In order to ensure safety of the savings, 73 groups have also been followed up and guided on linkage banking to 8 banking institutions in Uganda.



■ ■ A grandmothers' Village Savings and Loans Association



Roses of Mbuya Tailoring Workshop

Roses of Mbuya is an income generating arm of Reach Out Mbuya that owns a tailoring workshop with a shop in Mbuya and Mother Theresa Guesthouse. It employs mainly HIV-infected and affected clients, mostly women. In 2016, Roses tailoring workshop received its major contracts from St. Kizito Primary School for supply of school uniforms and Uganda Local Government Association for supply of conference bags.

Roses also displayed its African handcrafts at various exhibitions and fairs around the country, including the national World Aids Day celebrations in Kalangala District.

■ ■ Roses staff and trainees. Top-right: ROM staff display Roses products at the national World AIDS Day event in Kalangala District.

Hands-on Skills Project for Vulnerable Women and OVC

ROM has partnered with the Barclays Bank citizenship program under the community investment partnership projects since 2006. The partnership has seen over 700 youth and women's lives changed.

During the year,

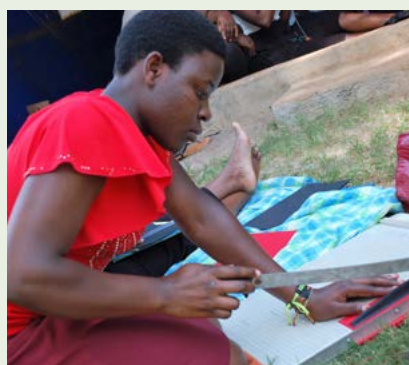
- 323 youth were trained
- 161 community members (49.8% of the total group) from Kasaala in Luwero, mostly teenage mothers, were trained in tailoring and designing.
- 10 (3%) were trained in motor vehicle mechanics where 2 of

them were retained as staff at the training workshop.

- 10 (3%) were trained in welding and metal fabrication where 4 of them were retained and offered job opportunities at the workshop.
- 111 (34%) were trained in shoemaking and design. Three of them received locum job opportunities at Crane Shoes – Industrial Area. One has been employed at Nafona Shoe Manufacturers and 4 were retained at ROM to support in production of Roses craft items.
- 31 (10%) were trained in catering.

The project over the years:

Year	Activity	No. of beneficiaries
2006	Tailoring skills training	16
2010	Vocational training for OVC in Kasaala, Luwero	30
2012	Skills training for OVC and community women	100
2014	Skills training for OVC and community women	111
2015	Skills training for OVC and community women	162
2015/2016	Youth empowerment project	323



The trainees of the 2016 vocational training program practice catering, shoemaking, auto mechanics, tailoring, welding and metal fabrication, and computer skills.

Hands-on Skills Project for Most-at-Risk Populations

In 2016, 284 Most-at-Risk Populations, mostly female sex workers, were empowered economically through candle and soap-making capacity building aimed at expanding choices beyond risky sexual behaviors.

One trainee at the October training was 30-year-old Loyce (name changed), who came to Uganda from the DRC in 2000 with a soldier, but was left alone when her partner was transferred to another base. She has 3 children in the DRC, but no money to travel to see them. Once, she briefly left Uganda for Sudan, but after her business selling a cosmetic cream failed, she returned to Uganda.

"I want them to give me the work or make a business," she said at the training, as she stirred the liquid soap in a large green pot. "I want to train in this job. This is good work."



A group of MARPs, mostly CSWs, being trained in soap-making in Konakilak, a small village in Nakaseke district that arose as traders, partners and commercial sex workers moved close to Ssinga Military Barracks, a training ground for soldiers.

Orphans and Other Vulnerable Children

ROM supports orphans and vulnerable children (OVC) who are infected and/or affected by HIV/AIDS. In line with PEPFAR and the Uganda Ministry of Gender, Labour and Social Development guidelines, ROM provided OVC households with tailored services in the core program areas of economic strengthening; food and nutrition security; education; health, water, sanitation and shelter; child protection and legal support;

and psychosocial support and basic care. Community health workers offered households home-based HIV counseling and testing, and they linked those who tested positive to HIV care and support services. ROM also worked closely with other OVC service providers, including Uganda Child Rights NGO network, for linkages and referral of OVC to additional services such as legal support.



Well-wishers attend an inaugural charity run meant to raise funds for OVC



The annual Sports Gala initiated by ROM to reduce stigma and prevent HIV among youth

“I wake up knowing what I am going to do.” How a gift of pigs helped Milly start a business and support her children

The Situation

Nalunga Milly is a ROM client who stays in Nalongo village in Kakabala Parish of Butuntumula Sub-County. She is a widow whose husband died of HIV/AIDS. Milly looks after five children at her mother's premises: three girls and two boys. They survive by selling boiled milk to a few buyers in the nearby trading center of the village. Not all the children were attending school, as Milly was unable to fulfill school requirements or fees. Her household survived on a single meal per day and was unable to adequately feed well. Nalunga also suffered constantly with poor health. Her elder children helped the family survive through casual laboring in farms and neighbors' gardens.



The Intervention

Milly's household was assessed and classified as critically vulnerable. She was interested in animal husbandry, so she received training from ROM in business skills, financial management and other economic strengthening skills. After she had established a shelter, she received two piglets as a startup Income-Generating Activity in November 2015. She used the skills gained in the training to raise the piglets that started giving birth in 2016. She sold the first litter of 6 piglets to take some of her children back to school. Other sells helped her expand her business, and she started selling charcoal in addition to milk.

Milly Today

“The intervention impacted my psychosocial wellbeing. I started getting well eventually,” Milly said. “My son, who will be sitting for PLE this year, is now catered for. I am much sure of where to get school fees for my children who are still going to school. Besides, I have become responsible. Other than those days when I had nothing to do, this time round, I wake up knowing what I am going to do. My children have kept in school, and my plan is to expand my piggery farm, looking at the future school fees needs of my son who is soon completing Primary seven.”

OVC Performance Highlights

11,826

OVC (6,222 girls) were served during 2016; 949 (534 girls) were supported in more than three Core Program Areas.

2,295

OVC (1,108 girls) accessed HIV services including HIV testing, care and/or treatment services.

1,166

(53% female) OVC received education support.

158

children completed PLE (Primary Leaving Examinations) and 15 achieved first grade, 98 second grade, 28 third grade, 14 fourth grade, and 3 were ungraded. The best pupil received 5 aggregates from Uganda Youth Aid Primary School. The child was a vulnerable boy who would never have made it beyond primary school but he received a scholarship from 2 Christians who own a school in Gulu.

61

children completed UCE (Uganda Certificate of Education). 4 achieved Division 1, 22 Division 2, 18 Division 3, and 17 Division 4. The best student was a blind boy from Iganga SS, who achieved 19 aggregates, followed by a girl from St. Kizito SS Bugolobi, who achieved 18 aggregates.

21

students completed UACE (Uganda Advanced Certificate of Education). The best two students were Science students who both scored 17 points from St. Kizito SS Bugolobi and Luzira SS. All the 21 students obtained at least two principle passes, meaning they all qualified for university.

207

(148 females) OVC were trained in vocational/ apprenticeship skills.

8,737

OVC were reached with child protection and legal support sensitization. 353 cases were identified and linked as follows: probation 25, police 35, local council 20, UGANET 50, Uganda Child Rights NGO Network 61, and birth registration 162.

1,117

OVC households received economic strengthening support.

11,826

OVC received psychosocial support services, including play therapy, Friends' Forum (a peer support group for HIV infected children), Exploring Talents Club (a brass band and African dance troupe), Adolescent Sports Gala and the End-of-Year experience sharing.

2,510

households were supported to access safe water.

2,827

OVC received food/nutrition services.

1,042

graduated from OVC support.

S

Born HIV-positive, Godfrey aspires to become a football coach: **LUBANGAKENE GODFREY'S STORY**

Lubangakene Godfrey, a 21-year-old living with HIV, is talented in football and played with Butabika Soccer Academy for more than 5 years. While in primary school, he was bullied by schoolmates due to the fact that he was HIV positive, which pushed him to join sports and even go as far as being the team captain.

Godfrey is a ROM client since 2007 and has taken part in most of the annual Adolescent Sports galas that bring together hundreds of HIV-infected and affected youth in friendly competition.

"Sports makes me forget my status and increases my hope; it makes me feel that

I am part of the team and I can contribute to Reach Out," he said. "Because of the counseling and support I get, I find that I am not bothered by what people say and I am strong and competitive. I even know that I can live longer than my HIV negative counterparts, What I want is for equality between the positives and the negatives in our society."

Today Godfrey is in ROM's catering vocational training program on track to graduate in 2017. He dreams of being a football coach, building the biggest orphanage center in the country and being a great agriculturalist in the country.



Thank-You Message from Management

Despite the fact that education is a human right for all children, nearly one in 20 school-age children have never enrolled in school, and Uganda has one of the highest percentages of primary school dropouts in the world. Children who have never registered for school remain invisible, and so do the causes for their non-enrollment. These children, along with those who drop out of school, are likely to be the most disadvantaged and hard to reach. We hope all our OVC donors will continue partnering with ROM to ensure that the needy children in our program will continue to have access to education.

*ROM Management is sincerely grateful for all of your continuous support to the vulnerable children. We are forever indebted to you and all who contribute to this worthy cause.
May God Bless you!*

"It's not how much we give, but how much love we put into giving." - Mother Teresa

Nutrition

With support from SID'ECOLE, ROM helps OVC households feed their families by providing nutrition support, including school lunches and a food package. 98 OVC households

received food support in 2016, benefiting 532 secondary beneficiaries, 55% of whom were female. Households with 1 to 4 members received 12.5kg maize meal, 4.16 kg beans, and 8.33 kg corn-soya blend while households of >5 received double.



Food distribution of maize meal, corn-soya blend, and beans to vulnerable households

Education



ROM staff reviews one OVC's school performance with the student



OVC sponsored in school by ROM



A school visit to counsel sponsored orphans and vulnerable children



Ajibo Leti is 11 years old and attends St. Matia Mulumba Primary School. She lives with her other five siblings and parents, who are in a discordant relationship. They live in a single-roomed house in Acholi Quarters slums, a suburb of Kampala City. ROM community health workers first visited Leti at home after a school visit where the class teacher noted that she had missed school for four days. The home visit revealed that her father was very sick and bedridden, yet he was the breadwinner. The parents could not afford to meet their household needs, so

the mother and children also had to go to work in the stone quarry. Leti was out of school for a week and attended very irregularly during the following weeks. When a ROM social worker inquired why Leti was involved in child labor, the family revealed that they had to raise money to meet the father's medical bills. ROM's legal assistant became involved to help the child's mother allow Leti to continue with her school. In September 2016, Leti's father was transferred to Kitgum, his home village, which left Leti very worried and affected her psychologically.

ROM intervened through continuous visits to the family and ongoing support counseling. Eventually, Leti was able to resume school in the last month of the term. From her school, ROM strengthened the teacher-child and social worker relationships to ensure that Leti caught up with her studies. Leti worked hard, and despite her hard home life, she became number 1 in her class and was promoted to Primary 2. These were her results:

- Mathematics-98%
- Literacy 1-99%

- Literacy 2-96%
- English-98%
- Religious Education-96%
- Reading-100%

Ajibo Leti's household is very grateful for Reach Out Mbuya support through SID'ECOLE, which paid her school fees, supported her with scholastic materials such as books, pens and pencils, and provided food support and a Christmas package, which always put a smile on their faces. Thank you SID'ECOLE!

Legal Support: Protecting Our Clients

ROM's Legal Assistant provides legal information and support to clients on issues such as land rights, child and domestic abuse, obtaining birth certificates and will-making through weekly talks in client waiting areas. The Assistant then links those who require assistance to relevant organizations. In 2016, 8,737 OVC were reached with child protection and legal support sensitization. 353 cases were identified and linked as follows: probation 25, police 35, local council 20, UGANET 50, Uganda Child Rights NGO network 61, and 162 were assisted to register for birth certificates.

JORDAN IS RESCUED FROM ABUSE

ROM has provided trainings to school matrons, teachers and nurses in the schools where we support OVC. Following the trainings, they are able to identify children who are not well and support or refer them accordingly. As a result, the ROM Legal Assistant discovered that one of our clients, was being mistreated by his caretakers.

The teachers informed the Legal Assistant about how the child, Jordan Maditirwot, always dozed in class because he came to school hungry even when he had strong medication to take. The school authorities had for a long while invited the caretaker to the school in vain.

It had been noticed that the child was not adhering well to medicine and was frequently falling sick. Home visits had been arranged but the caretaker was always unavailable.

It turned out that the boy had been brought to Kampala by a relative who had promised his grandmother in the village to take care of him and pay for his school fees but ended up mistreating him.

When his medical condition worsened, Jordan was admitted in MildMay for a month and with support from the Stephen Lewis Foundation (SLF), ROM was able to hire a VHT worker to stay with him in the hospital throughout the time he was admitted. During this time, all efforts to reach his aunt, the primary caretaker, were futile. He was discharged shortly before Christmas and one of the ROM staff volunteered to take him home since he was too weak and still needed a lot of support. Amanyire Sarah, a Community ARV and TB Treatment Supporter (CATT), took him in and took care of him until he was able to lead the ROM Legal Assistant to another aunt, who stayed in Biina.

On arrival, the aunt, Amia Grace Agnes, was so happy to see him because she thought he had died. Tears of joy streamed down her face. She called the village and it was arranged for Jordan's grandmother to come and visit and eventually go and stay with her in the village as they prepared to re-enroll him in school. Since Jordan still needed close supervision, he and his grandmother were supported to bring him for his clinic visits with plans of transferring him back to Nebbi once he is stable. He was happy to be reunited by his grandmother and it was a joy to see Jordan smile again after he met his grandmother. Jordan's social support was supported by SLF funds that care for children and adolescents living with HIV.



Jordan with his aunt, Legal Assistant Salome Amali, the CATT Sarah Amanyire, and the Team Leader Moses Ogabe.

Grandmothers Project: Supporting the Unsung Heroes of the AIDS Epidemic

In rural villages near Kasaala, Luwero District, most grandmothers are the heads of their households. Many are also the primary caretakers of their grandchildren who lost their parents to HIV/AIDS. With funding from the Stephen Lewis Foundation, Reach Out Mbuya has implemented a project supporting these grandmothers for the last 3 years.

The project is aimed at: providing health care services to more than 1,463 grandmothers; promoting good sanitation

practices among the grandmothers and their household members; conducting economic empowerment programs for the grandmothers; supporting vulnerable grandmothers with shelter, material support and basic household requirements; equipping OVC under grandmother care with self-sustaining skills and age-appropriate reproductive health information; sensitizing key stakeholders on grandmothers' rights; and providing psychosocial support to grandmothers.



Grandmothers' Market



Grandmother's house before and after the ROM intervention



Medical outreach to grandmothers in a community in Kasaala

Spiritual Support

Reach Out Mbuya is a faith-based organization that believes in spiritual health as an important component to holistic wellbeing. Each morning, staff pray and share together in a daily "yoga" practice and attend Mass together once a month. ROM also provides spiritual support to its clients as part of the holistic approach to care.



Mass for orphans and vulnerable children sponsored in school



Staff spiritual retreat



ROM animating Mass at Mbuya Catholic church



HEALTH SYSTEMS STRENGTHENING

Our Finances

Statement of Comprehensive Income for the Period Ended 31 December, 2016

Source	2016	2015
	Ugx	Ugx
CDC	3,876,163,264	4,533,287,290
Stephen Lewis Foundation	297,079,409	551,883,204
Medical Mission International	0	98,001,000
Barclays Bank Uganda	2,081,753	177,688,500
SID'ECOLE	136,117,750	106,554,000
Rose	84,868,245	62,350,000
Kampala City Council	8,141,007	5,309,606
Medical Access Uganda limited	2,795,471,895	3,104,613,917
Operation School Fees Income	55,381,275	6,005,940
MDD & band presentation	8,750,000	10,450,000
Roses of Mbuya Sales	75,910,601	422,253,303
Reach Out Income	55,248,992	28,653,099
Rental income	51,420,000	48,635,000
Bank interest	192,470,322	134,130,312
Placement & Reach out products	30,926,846	19,032,456
Other donors income recognition	21,140,333	16,553,375
Total Income	7,691,171,693	9,325,401,002

Special Donor Recognitions

U.S. Centers for Disease Control and Prevention (CDC):

Supports comprehensive HIV care for the PLHIV. CDC sustains more than 90% of the programs and activities at ROM.

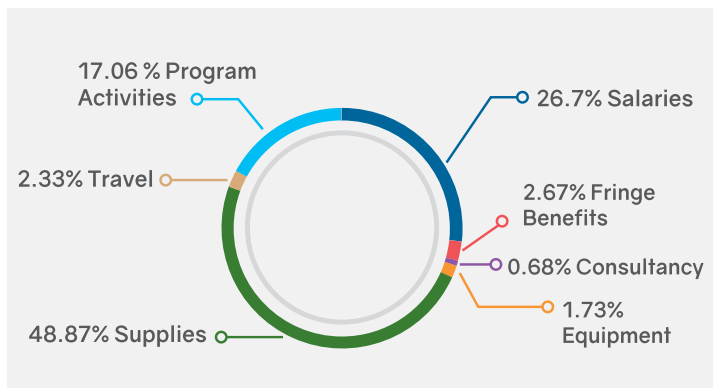
Stephen Lewis Foundation (SLF): In 2016, SLF supported more than 1,400 grandmothers in clinical care and support, economic empowerment and nutrition support. The Foundation also supported more than 50 teenage mothers with social support, medicine and self-sustaining skills, as well as their infants with complementary feeds. SLF also supported care for children and adolescents living with HIV.

SID'ECOLE: Through the support received from SID'ECOLE for 2016, ROM supported 100 OVC direct beneficiaries with school fees, school lunch, scholastic materials and psychosocial support services while 98 households received food support during the year, benefiting 532 secondary beneficiaries, 55% of whom were female. We are grateful to SID'ECOLE for this support that is contributing to improved access to education for the children.

Reach Out Student Education (ROSE) fund: Through the support received from ROSE for 2016, ROM supported 392 (54% girls) OVC with education support which included; school fees, school lunch, scholastic materials and psychosocial support services.

Barclays Bank Uganda: Empowered more than 300 youth with apprenticeship and vocational skills.

Thank you to all of our donors, including individuals and corporate bodies.



Launching the ROM Annual Charity Run: Sustaining our Children By Our Own Communities

In partnership with parishioners from the Our Lady of Africa Mbuya Church, ROM piloted a new annual charity run in 2016 to increase visibility and raise funds from our communities to sustain HIV-affected and infected orphans and vulnerable children in school. On 3rd December 2016 in celebration of

the World AIDS Day, about 600 children and adults ran in the 2-kilometer children's race and the 6-kilometer adults' race. 1,874 tickets were sold, and more than 57,000,000/= was raised through ticket sales, donations, and sponsorships. This will be able to support 39 HIV-positive children through secondary school.



 Richard Byarugaba, the NSSF Managing Director, flagged off the race.

Make a Donation

Reach Out Mbuya sincerely appreciates all donations, big or small, which will be used to support our clients in a cost-effective and transparent manner. Financial contributions can be made by visiting our website, www.reachoutmbuya.org, and clicking "Donate." You can also contact reachout@reachoutmbuya.org for more information.

We also accept donations of clothes, toys, bags, shoes, books, equipment and other material that can be used by our clients or in our programs. You can further support our programs by purchasing artisan African clothing and crafts from our Roses of Mbuya workshop or hiring our Exploring Talents Club brass band or African dance troupe to perform at your function. Thank you and God Bless You.



Developing Our Capacity

Training Our Staff

In collaboration with the Ministry of Health and other training organizations, ROM engaged in skills development and improvement of human resources for health. In addition,

21 CMEs (Continuous Medical Education sessions) were completed, with 11 CMEs in Mbuya and 10 in Kasaala. Cumulatively, 343 hours (equivalent to 43 days) of staff time were spent on capacity building during the year.

Major trainings included:

	Training	Date	Location
1	Biosafety Training (UCMB)	February	Bilkon Hotel - Jinja
2	Quality Improvement Training - METS= Monitoring & Evaluation Technical Support	March	ENRO Hotel - Mityana
3	Leadership & Management Skills	April	Rivonia Suites by Cabin Uganda
4	Quality Improvement (TB)	June	Hotel Royal
5	Child Therapy Training	July	Mildmay Uganda
6	Supply Chain Management Training	July	Hotel Brovad (Masaka) by MAUL
7	Training of Trainers on Paediatric TB (By TB Track)	July	Esella Hotel
8	Paediatric/Adolescent counseling	August	In-house
9	Paediatric TB Training	August	In-house
10	Paediatric/Adolescent HIV care services	October	In-house
11	CATTs Refresher Training	November	In-house

STAFF EVENTS IN PHOTOS



■ ■ Certification after Management of TB Training at ROM offices



■ ■ Health sensitization by Wellcare



■ ■ Palliative Care Soccer Gala in October. Both men and women played on the ROM team.



■ ■ Staff team-building event in July



■ ■ Staff and volunteer experience-sharing



Monitoring and Evaluation

Considerable progress has been made toward adopting and implementing the national monitoring and evaluation system in ROM-supported sites. Facility reporting rates have greatly improved to 100% with increased capacity to collect and analyze data, generate reports, and utilize data for decision-making by the facility staff. In 2016, ROM started on plans to put in place a comprehensive electronic system to cover its entire continuum of care, incorporating both medical and community. ROM conducted joint facility performance reviews and planning meetings to generate work plans. ROM has further embraced routine data quality audits to ensure reported data is authentic. Periodic monitoring visits and support supervision have helped in mentorship and capacity building of facility staff in basic M&E skills.

Quality Improvement

Reach Out Mbuya has used the Continuous Quality Improvement (CQI) approach at its centers of excellence to increase effectiveness, efficiency, and client satisfaction aligned to Ministry of Health quality of care indicators and the QI Framework and Strategic Plan. Through continuous data collections across QI projects, ROM has identified gaps and has hence provided a platform for improvement with a focus on individual and team efforts. CQI has enhanced the use of data to facilitate decision making through capacity building in various trainings and continuous medical education (CME). With the 5S approach to QI (Sort, Set, Shine, Standardize, Sustain), ROM refurbished the Reach Out Kasaala waiting area to improve the working environment.



■ ■ Hundreds of clients attend the 2016 End-of-Year experience sharing event at the Mbuya site, an annual holiday celebration

Research

In 2016, ROM's growing research department mobilized the presentation of three abstracts at national and international conferences and participation at eight symposiums/conferences.

Abstracts Presented and Conferences Attended in 2016

Participation	Author/Attendee	Conference or Symposium
Panel Speaker: "Reaching Children Through Their Communities: Strengthening the response to HIV for infected and affected children in sub-Saharan Africa"	Dr. Betty Nsangi Kintu	21st International AIDS Conference in Durban, South Africa; July 18–22, 2016
Attendee	Dr. Edna Auma, Dr. Mary Kiconco, Joseph Kalibbala	17th Annual Conference, Uganda Society for Health Scientists, Hotel Africana, Kampala; 4–5th August, 2016
Attendee	Annika McGinnis	Development of IEC Materials for Palliative Care Messages, Palliative Care Association of Uganda, Makindye Country Club, Kampala; 11th August, 2016
Award Recipient: "Best Community-Based HIV/AIDS Organization in Uganda"	Dr. Betty Nsangi Kintu, Joseph Kalibbala	9th Annual Joint AIDS Review Meeting 2016 by Uganda AIDS Commission; Hotel Africana, 30–31st August 2016
Abstract: "Reaching Out to Young Key and Priority Populations: A Holistic Model of Care by Reach Out Mbuya (ROM)"	James Kizito, Daniel Kalema, Dr. Felicity Nahataba, Joseph Kalibbala, Dr. Betty Nsangi Kintu	8th National Paediatric and Adolescent HIV/AIDS Conference, Hotel Africana, Kampala; 5–7th October 2016
Abstract: "Tailor Made Interventions to Prevent HIV Infection among Adolescents using Peer Model. A Case Study of Reach Out Mbuya"	Alex Mugenyi, Dr. Felicity Nahataba, Joseph Kalibbala, Dr. Betty Nsangi Kintu	8th National Paediatric and Adolescent HIV/AIDS Conference, Hotel Africana, Kampala; 5–7th October 2016
Abstract: "Improved Access to Health Care Services: A Reach Out Mbuya (ROM) Experience"	Ofwono Opondo, Daniel Kalema, Joseph Kalibbala, Dr. Betty Nsangi Kintu	8th National Paediatric and Adolescent HIV/AIDS Conference, Hotel Africana, Kampala; 5–7th October 2016
Attendee	Dr. Betty Nsangi Kintu	47th Union World Conference on Lung Health, Liverpool, United Kingdom; 26–29th October 2016
Attendee	Annika McGinnis	Community of Practice, Kampala Capital City Authority (KCCA) and USAID/Communication for Healthy Communities (CHC), Entebbe; 26–27th October 2016
Attendee	Geraldine Kauma	Development of Public Health Communication Strategy, KCCA and USAID/CHC, Golf Course Hotel, Kampala; 24th November 2016

Improving our Public Image

In 2016, ROM sought to improve its visibility in order to make the organization's holistic work known more broadly and serve as an international example of community-based HIV/AIDS support.



■ ■ University of Wisconsin students visit Acholi Quarters to learn about a bead-making project that helps support a group of HIV-positive women in ROM's care

Communications Strategy

ROM developed a new strategy for external communications in 2016 that included a monthly newsletter sent to a listserve of partners and supporters, a Wordpress blog highlighting ROM activities and achievements, a new responsive website, revamped social media, and improved relations with journalists

including increased press releases, advocacy campaigns, journalists' interviews at ROM and media appearances. Together with the Naguru Teenage Information and Health Centre, ROM also organized a press conference with 14 attending journalists at the Adolescent Sports Gala held at Nelson Mandela Stadium.



■ ■ A journalist interviewing ROM staff



■ ■ A radio show to promote the first ROM "Run to Stop HIV"

Media Appearances

There were 32 media appearances in 2016 in print, online, television and radio platforms.

Awards & Recognitions

- Best Community-Based HIV/AIDS NGO in Uganda from the Uganda AIDS Commission
- Presentation to the Parliament of Uganda on our Six Years of 0% Mother-to-Child Transmission
- Golden Awards for Outstanding Logistics Management of HIV/AIDS Commodities by Medical Access Uganda Limited in the Mbuya and Kinawataka sites
- Kinawataka Site: Center of Excellence in TB Management by USAID/TB-ASSIST project; corresponding host of learning session for the Quality Improvement team from the Lesotho Ministry of Health

Governance, Management and Staffing

Reach Out Mbuya governance and oversight was provided by 11 Board of Directors (BOD) including the chairperson. The Executive Director, with support from the Senior Management Team, ensured the day-to-day running of the program activities.



ROM staff, clients, and the Exploring Talents Club perform at the annual End-of-Year clients' experience sharing event

Staff Changes and Recruitment

At the end of the reporting period, ROM had a total of 154 staff, 62% female. HIV clients' involvement was 36%.

Recruitments

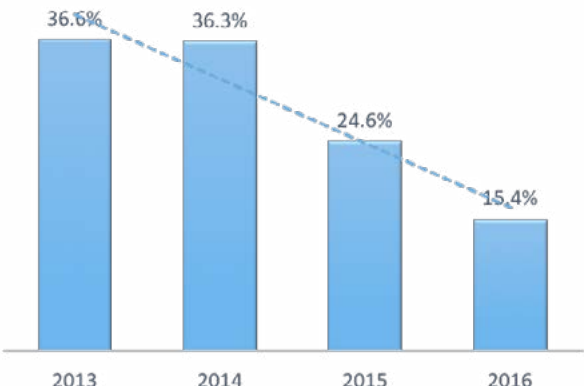
During the year, ROM recruited 15 staff including 2 Global Health Corps fellows: Communications and Partnership Officer and Strategic Development Officer. The major recruitment was for an M&E Manager following a resignation in June. Through the

Health Systems Strengthening program, MildMay continued to support services at St. Mary's Health Centre Kasaala, Luwero by recruiting a Clinical Officer and a Nurse.

Exits

Twenty-three staff exited during 2016, compared to 25 staff who exited in 2015. Ten staff exited through resignations and there were five contract non-renewals, two terminations, five dismissals and one death.

Staff Attrition Rates 2013 - 2016



Promotion

Bernard Osiema Onyango, who was formerly a Senior Accountant, was promoted to Internal Audit Manager.

Staff of the Year

Christine Onuoha, Human Resource Officer, won Employee of the Year.

The Kasaala Employee of the Year was **Martin Turyareba**, Pharmacy Assistant.



■ ■ Christine Onuoha accepting the award from a ROM founder



LATE OKELLO EMMANUEL (RIP)

Born on 18th August 1986

Died on 23rd October 2016 at Nsambya Hospital

Buried on 24th October 2016 in Katakwi
Joined ROM on 17th March 2014 as Officer Messenger, served for 2 years, 8 months

Volunteers and Interns

ROM received 37 volunteers in 2016 compared to 77 the previous year. Internationally, nine young people traveled to Uganda to volunteer with ROM. These included: Noah Kersting from Germany, who was at ROM for 11 months, and Mattia David and Emily Butzakowski from Ontario, Canada, who were both in Uganda for 3 months.



■ ■ Mattia observing blood samples in one of the ROM laboratories

"I have learned the many aspects of how a clinic functions in Uganda as well as learning to conduct TB tests, Malaria tests, and RTDs. I have learned so much about the challenges of HIV and the facts and myths that surround the virus. Having the opportunity to learn from Patrick (ROM staff) in the lab has been a great experience. Being able to conduct the various tests has made me feel like I am contributing to the team. I am studying Kinesiology with the hope of continuing my medical education when I return to Canada. The laboratory at Reach Out Mbuya seemed like the perfect fit for me to explore my interest in the medical field."

-Mattia David

Interns

ROM received 29 interns in 2016 compared to 33 received in 2015. To the right are photos during their orientation week at ROM before they were posted to their respective areas of learning.



S

Senior Management Team



Dr. Betty Nsangi Kintu
Executive Director



Dr. Felicity Nahataba
Medical Services Manager



Mr. Bernard Onyango Osiema
Internal Audit Manager



Mr. Daniel Kalema, Monitoring
and Evaluation Manager (AG)



Mr. James Lubowa
Finance Manager



Mr. Joseph Lwasa
Operations Manager



Ms. Agnes Nakanwagi
Community and Social
Support Manager



Ms. Harriet Katusabe
Human Resource Manager

B

Board of Directors



Rev. Fr. John Mungereza, MCCJ
Chairman Board of Directors



Dr. Betty Nsangi Kintu
Executive Director



Dr. Margrethe Juncker
Director



Dr. Miriam Laker
Director



Dr. Patrick Ogwok
Director



Mr. Anthony Arinaitwe
Director



Mr. David Mutabanura
Director



Mr. John Paul Amandi
Director



Mr. Mustapha B. Mugisa
Director



Ms. Flavia Nambuusi
Director



Rev. Fr. Paulino Mondo,
MCCJ, Director



Sr. Pauline Nayiga
Director

Reach Out Mbuya Parish HIV/AIDS Initiative.
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