



20
18
Annual
Report

HOPE FOR THE FUTURE

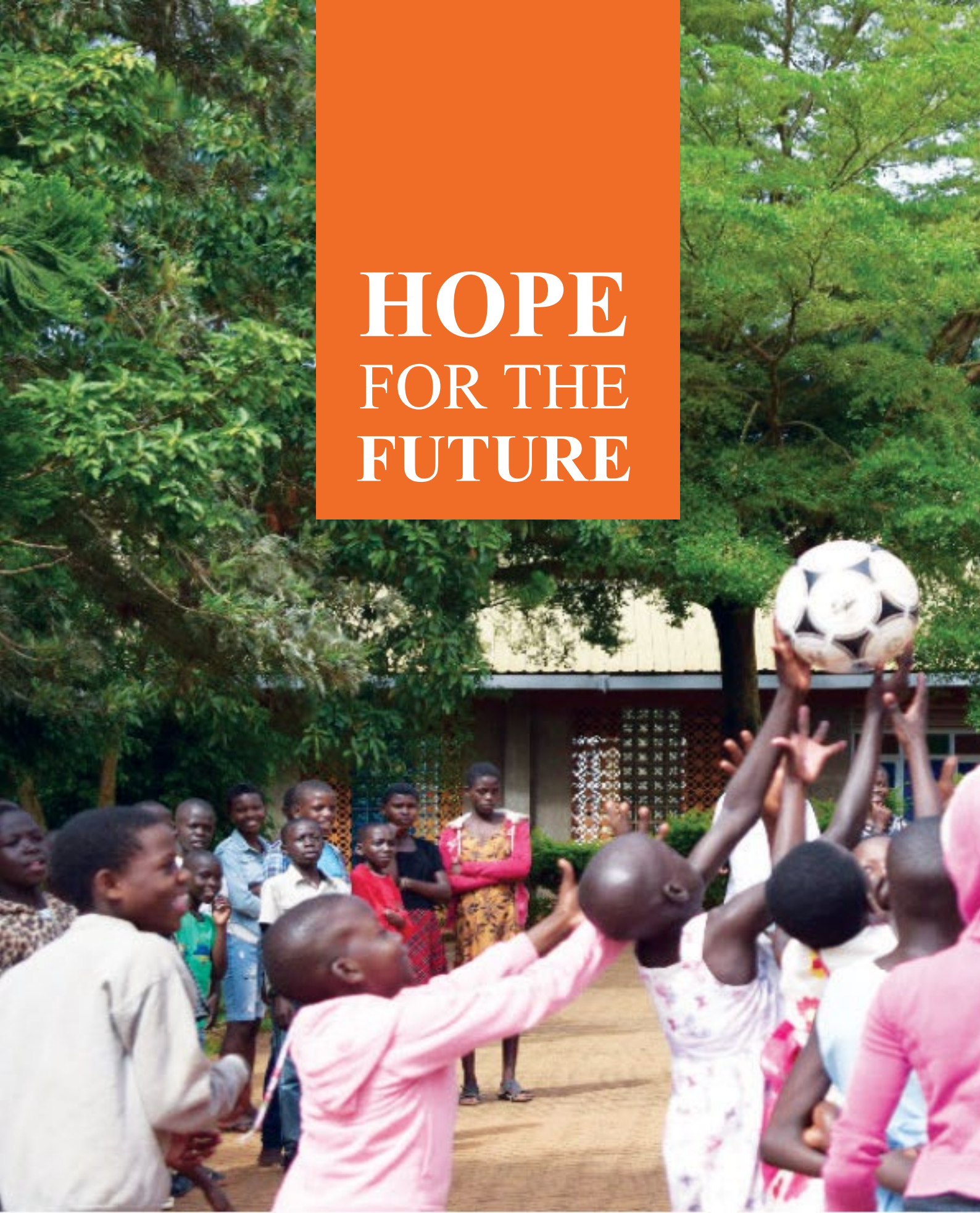
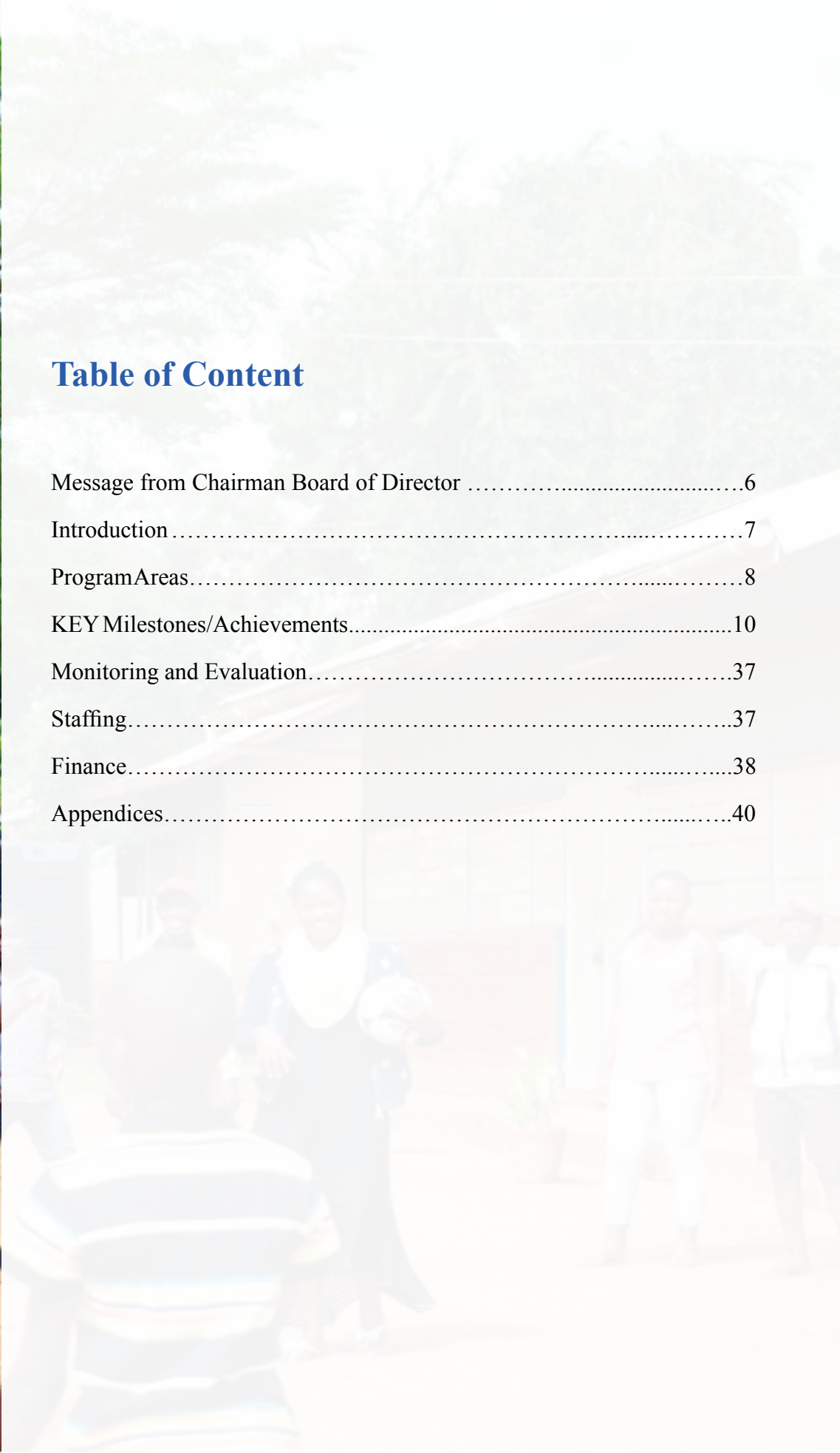




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List of acronyms

ANC - Antenatal Care

AIDS - Acquired Immune Deficiency Syndrome

CDDP App - Community Drug Distribution Point Application

CRS - Catholic Relief Services

DSDM - Differentiated Service Delivery Model

EMTCT - Elimination of Mother to Child Transmission

FSW - Female Sex Workers

HCT - HIV Counseling and Testing

HIV - Human Immunodeficiency Virus

IGA - Income Generating Activity

IDI - Infectious Disease Institute

MARPs - Most at Risk Population

MDD - Music Dance and Drama



OVC - Orphans and Vulnerable Children

PEPFAR - President's Emergency Plan for AIDS Relief

PLHIV - people living with HIV/AIDS

PHC - Primary Health Care

PNC - Post-natal care

ROK - Reach Out Kasaala

ROM - Reach Out Mbuya Parish HIV/AIDS Initiative

SOCY - Sustainable Outcomes for Children and Youth

TSR - Treatment and Success Rate

TB - Tuberculosis

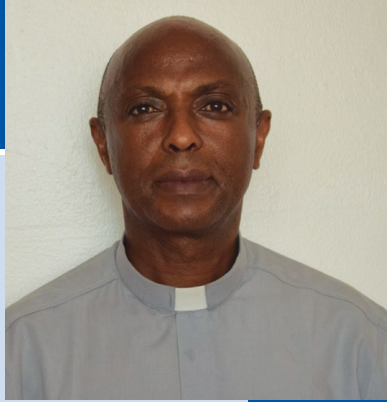
USAID - United States Agency for International Development

UTAMU - Uganda Technology and Management University

VHTs - Village Health Teams

YPLWHIV - Young People Living With HIV





Welcome Messages: **CHAIRMAN BOARD OF DIRECTORS**

The World is driven by Courage and Hope

The world is driven by courage and hope. That is what has been present at Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) during 2018. ROM has become a common phrase on the lips of children, men and women of Mbuya and beyond. People know ROM as a place where there is caring, caring and caring. People come with many scars and wounds and they need a caring hand and they have been able to find it at ROM with our experienced and caring staff. My gratitude goes to the caring staff that has built a good name for ROM over the years because of their untiring efforts to show love and care. That is what makes ROM a unique model of care in the fight against HIV/AIDS.

Thanks to a good and competent ROM Board that has remained focused and united to keep the organization on the right track. Thanks to their wisdom and professional approach to issues, ROM has continued to overcome the challenges of our contemporary society. The clients who come to ROM are satisfied and happy because they find a good team of staff smiling and ready to serve selflessly. The donors continue to trust ROM because it has demonstrated that it is able to do a good job with the given funds.

We thank our donors for the trust and we are determined to see that every coin count and goes to where it is supposed to be.

We were happy to welcome the new Executive Director Ms. Josephine Kaleebi who has come to join the ROM family as we begin 2019. She is a solid and experienced Manager and we are indeed blessed to have such a competent person. She is enthusiastic and has good ideas on how ROM can be taken to another level.

During the year in the Spirit of Ecumenism, it was beautiful to welcome His Eminence the Supreme Mufti of Uganda Sheikh Suleiman Ndirangwa Kasule, the highest leader of the Muslim Community in Uganda. This is a sign that if we are to overcome the challenge of HIV/AIDS, we need the help of everyone.

Our Charity Run 2018 was again very exceptional. It is an event that continues to attract hundreds, the young and old, because the community is aware that a personal contribution to this good cause is very important. As we move ahead with courage and hope, we shall need more of your words of wisdom and actions to continue serving the needs of our society. Faith without actions is dead...James 2:15-17

Fr. John Mungereza MCCJ
Chairman Board of Directors

INTRODUCTION

Vision



Vision Statement:

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

Mission



Mission Statement:

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.

Objectives



Objectives:

The overall objective of Reach Out Mbuya Parish HIV/AIDS Initiative 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.

Values



Values:

- Teamwork;
 - Client Focus;
 - Professionalism;
 - Learning and Growth Organization; Solidarity;
 - Encouraging Direct Involvement of Persons Living with HIV/AIDS;
 - Respect for Life and Enhancing Human Capacity.
-

PROGRAM AREAS

Primary Health Care (PHC)



Our clients receive Integrated Primary Health Care, HIV care services, maternity and child health services, and immunization and child growth monitoring three times a week- Mondays and Thursdays on site and Fridays at outreaches.

The site conducts community health education and offers antenatal care (ANC). We also provide delivery services at the facility. There are admission wards for the very sick patients in which care and monitoring is provided to them and referrals are offered to those that need it.

Income Generating Activities (IGAs)

Through Economic strengthening, Livelihood and Food Security, ROM empowers its clients with skills and knowledge in modern farming by providing training sessions on IGAs at its demonstration gardens at ROK. Many of the clients have benefited from the start-up seed and piglets. They are encouraged to apply what they have learnt to improve food security at household level, increase income and have a stock of seeds for the next season.



Orphans and Vulnerable Children (OVC)



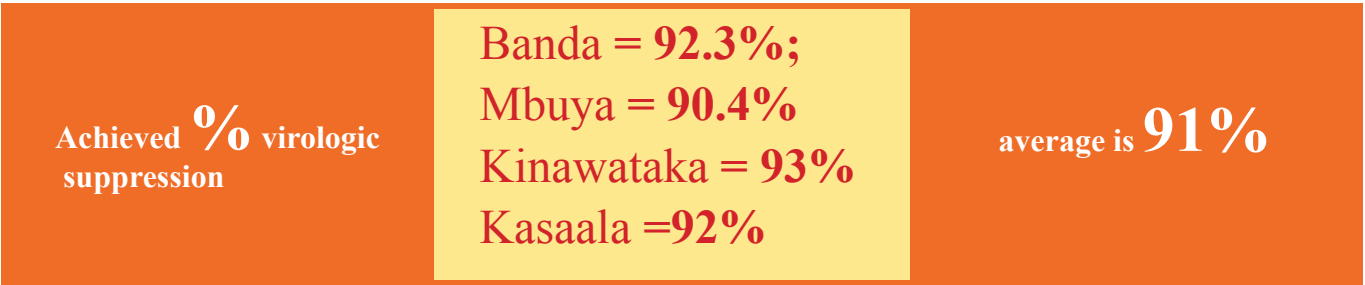
The HIV epidemic has created a challenge of many orphans in the community.

ROK addresses this by offering some OVC vocational training. At present, the first batch of 20 OVC supported by Barclays Bank are in various technical schools undergoing training. We have also through the Civil society fund-OVC Project (circle model) linked OVC for scholastic material support to CARITAS and AMREF Uganda. ROM also reaches out to the youth and the students through the Friends for Life programs which offer behavior change, positive living and preventive information to the young generation.

We are grateful to Kasana Luweero Diocese for supporting our endeavors and accepting us to provide care to the people within the diocese especially at Kasaala Catholic Parish.

ROM BY THE NUMBERS

Table : 1



No. health workers/ staff received capacity building through sub-grantee projects
No. beneficiaries reached through sub-grantee projects

KEY MILESTONES/ACHIEVEMENTS

Launch of the 2018-2021 Strategic Plan

In 2018, ROM launched the 2018-2021 Strategic Plan set to determine the organization’s Vision, future goals, considering challenges ahead and overcoming them.

Funding for SOCY, Defeat TB and CDD App Projects

In 2018, ROM received funding from the United States government to implement programs through the Sustainable Outcomes for Children and Youth (SOCY) and Defeat TB Projects. The SOCY project is funded by PEPFAR through the Catholic Relief Services (CRS) while the Defeat TB Project is funded by the United States Agency for International Development (USAID) through University Research Council.



SOCY Project

In 2018, ROM received funding from the United States Agency for International Development (USAID) through the Catholic Relief Services (CRS) the prime agent, and her partners to implement the SOCY project in 23 districts in Central, South Western and Western regions. The project, currently in its fourth year, aims to improve the health, nutrition, education and psychosocial wellbeing of Orphans and Vulnerable Children (OVC) as well as reduce abuse, exploitation and neglect among the population in the implementing districts. SOCY empowers OVC, youth and their caregivers by offering a comprehensive set of tested and proven approaches to effectively address the economic challenges of OVC households.

Defeat TB Project



In 2018 ROM received a grant from USAID through the University Research Council (prime) to implement Defeat TB activities in Nakawa Division. ROM works alongside 13 health facilities within Nakawa Division implementing Defeat TB project supported by Village Health Teams (VHTs). The project which kicked off in October registered achievements such as provision of community contact screening of 222 persons and 100 clients were presumptive, 5 were notified, 1 of whom was a child under 5 years.

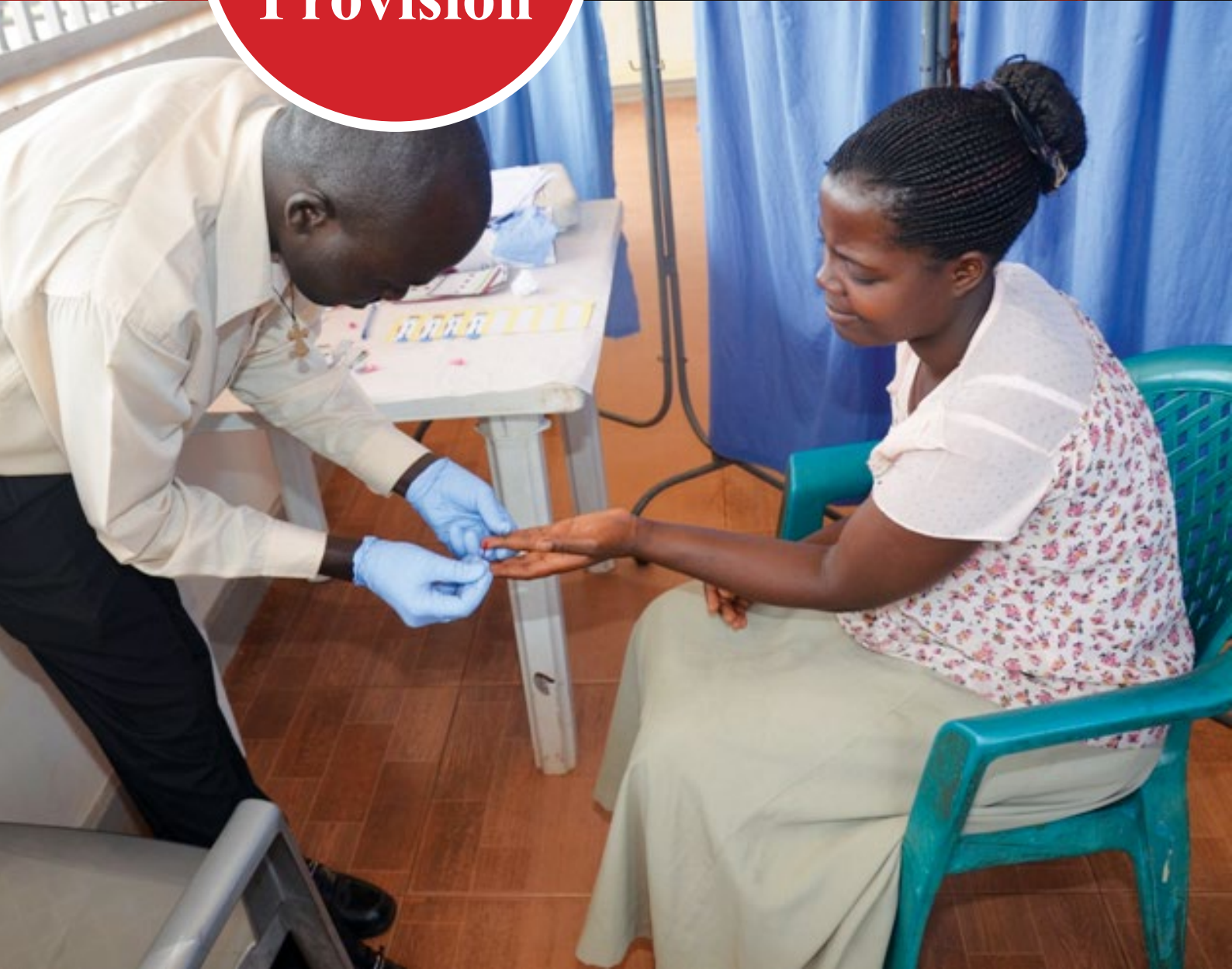
357 presumed cases were referred from the communities, whereas a total of 17 patients were assigned to ROM for follow up and feedback given. 3 schools, 1 youth group at Acholi quarters and neighboring homesteads of TB patients were also reached with sensitization messages.

CDDP App Project

ROM through funding from the Infectious Disease Institute (IDI), the Ugandan Academy for Health Innovation and Impact, is implementing a project (Community Drug Distribution Point Application – CDDP App), an electronic based program aimed at improving the quality of care and safety of people living with HIV/AIDS (PLHIV) through a versatile electronic platform linked to CDDP in Kampala, Wakiso and the West Nile districts of Arua and Maracha. The project which began in 2018 runs for two-years and is stipulated to conclude in 2020.

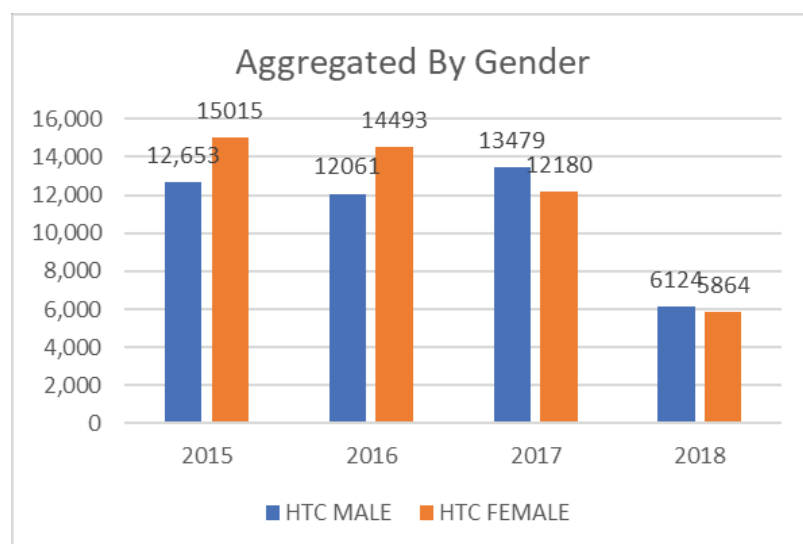
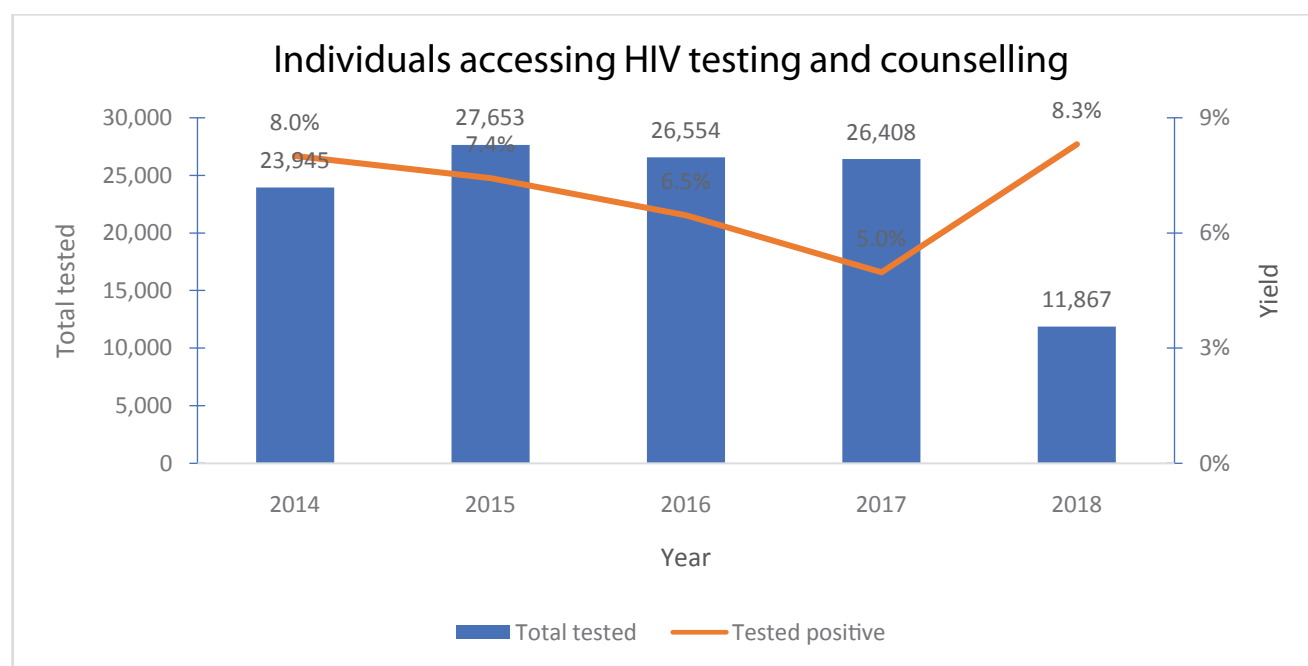


**Medical
Service
Provision**



HIV Counseling and Testing

Figure: 1 Trends in access to HIV counseling and testing



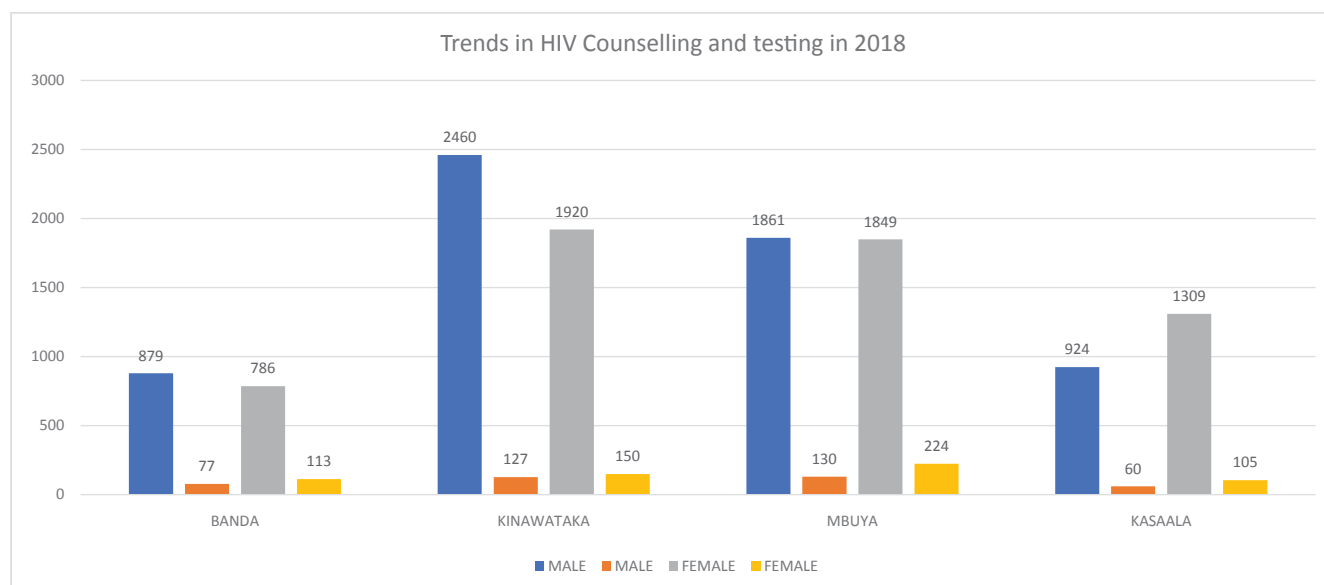
2015 had the highest number of those tested for HIV with a response of

27,653.

2017 had the lowest number of persons tested positive with

5.0% while the highest is **8.3%**

Figure :2 Trends in HIV counselling and testing in 2018



11,988 were tested for HIV

8% (986) tested HIV+.

49% of those who tested HIV+ were female

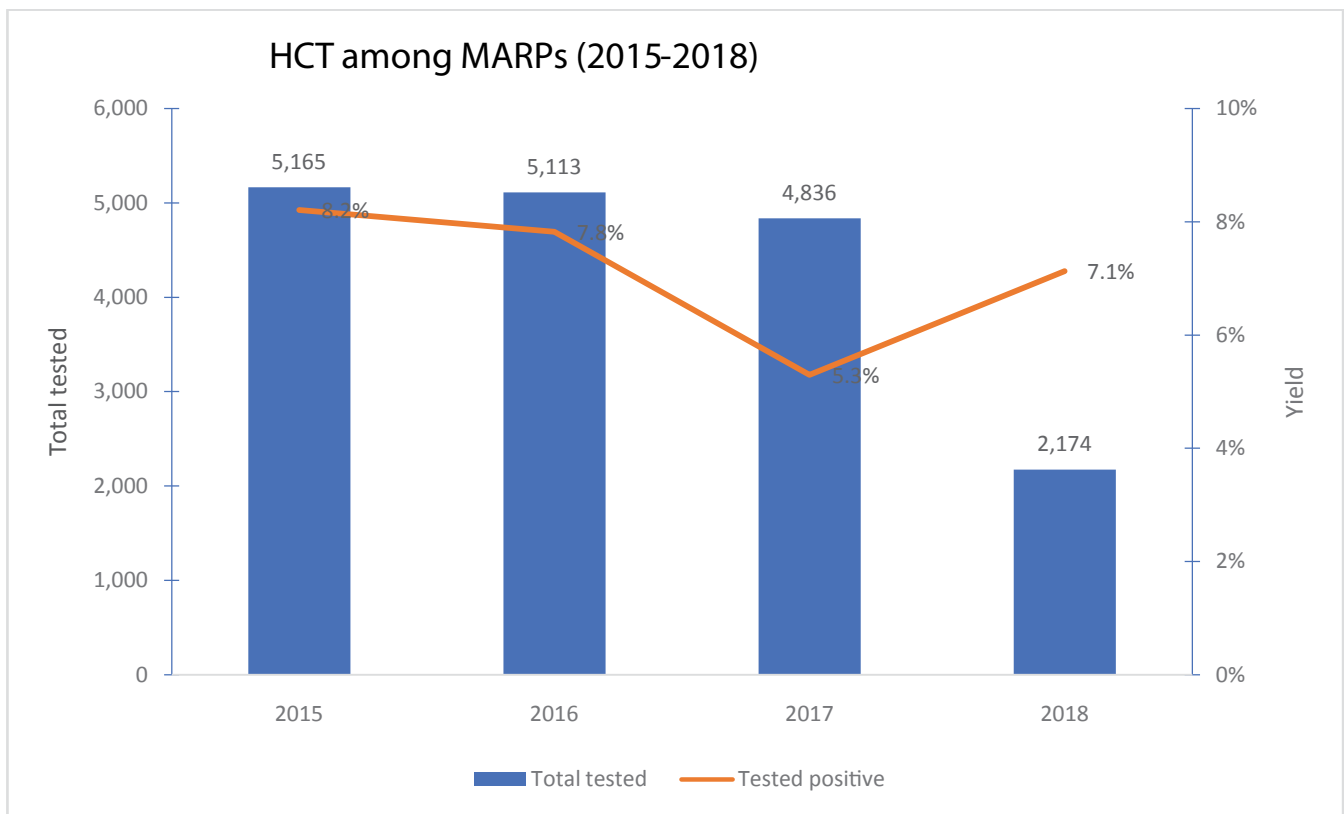
93% of those who tested HIV+ were linked to care.

Kinawataka has the highest number of tested results because the site serves 3 communities (Kinawataka -1, Kinawataka - 2 and Acholi Quarters) which are more than any other site.

Kinawataka has the men's clinic which is unique with mobilization during the evening and early night. Kinawataka is centrally located making it easily accessible by the community.

Acholi Quarters is a densely populated slum area.

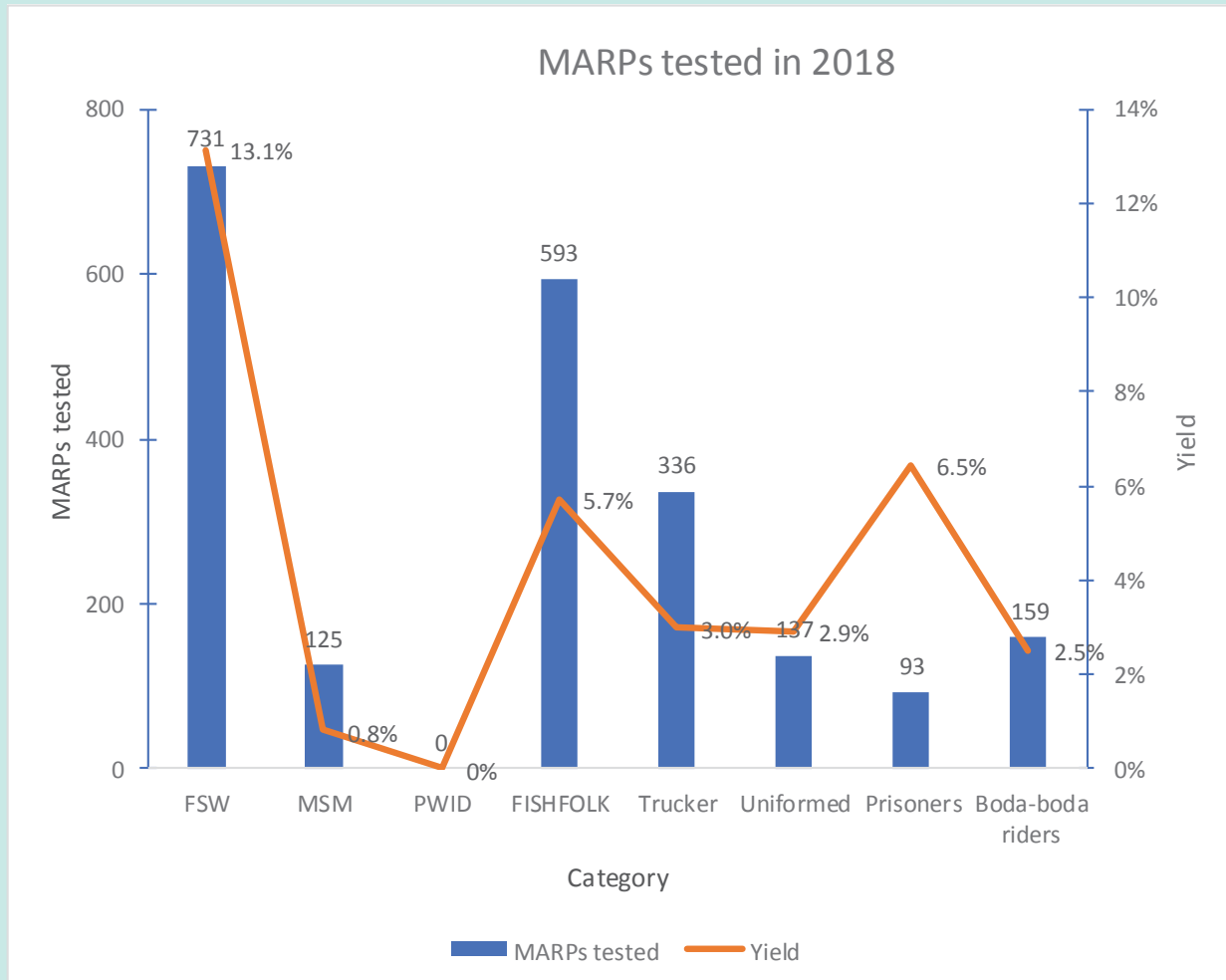
Figure: 3 HCT among MARPs (2015-2018)



In 2018 targeted HCT was carried out based on the Ministry of Health Guidelines this explains the reduction in the number of those tested for HIV.

In 2017 there is a reduction in prevalence rates because of combination of prevention strategies for MARPs which include; Pre-exposure prophylaxis (or PrEP) and Post-exposure Prophylaxis (PEP).

Figure 4 : MARPS tested in 2018



MARPs made up **18%** of the total number of people tested.

2,174 MARPs were tested for HIV

7% (155) tested HIV+, **74%** of those were female

MARPS

Besides the walk-in clients that ROM serves, it also targets the Most at-Risk Populations (MARPs) who because of the nature of their jobs, often do not find the time to visit the clinics for treatment, care and support. Some of the populations suffer stigma and discrimination in their communities and their practices are criminalized by the law. These circumstances make it harder for KPs to access services or to be retained in care if they started treatment. . Examples of the Key Populations in these categories include Female Sex Workers (FSWs), Persons who inject drugs (PWIDs) men who have sex with men (MSMs). The other category is the Priority Populations (PPs) made up of the long-distance truck drivers, fisherfolk, uniformed men (soldiers), and migrant workers.

Mobile Van Operations



One of the ways that ROM reaches out to the Key and Priority Populations is with the mobile van which goes out to the communities to offer HCT and treatment services. The mobile van operates every week. In 2018, we conducted 120 outreach activities in the communities, reaching 1489 people with HIV and educational related services to help prevent the further spread of HIV.



Moonlight HCT with the mobile van



Men's Clinics

In general the men's health seeking behavior is poorer than the women. , To scale up the number of men accessing HIV/AIDS services ROM innovatively started Men only clinics in Nakawa division. The clinic operations which started functioning in 2017 attracted almost **80%** of the men in the area by 2018. The clinics operate every Wednesday from 5:00p.m to 10: 00p.m with the aim of reaching out to the men that are usually working throughout the day. Services offered include; HIV testing, screening, screening and treatment for TB, sexually transmitted infections, prostate cancer, diabetes, measuring weight and blood pressure testing. The set-up of the clinics is also extremely private to make the clients feel comfortable.

598 men were reached with HIV treatment and Counselling services through the year.

***Table: 2 Clients in Care by Age and Sex, 2018**

	0 - 19		20 – 39		40+		Total	
	M	F	M	F	M	F	M	F
Mbuya	65	97	368	782	411	537	844	1416
Kinawataka	63	96	365	794	494	738	922	1628
Banda	47	59	212	545	216	294	475	898

Tuberculosis

1373

presumptive
TB cases were identified

133

clients were newly
diagnosed with TB

Treatment success rate (TSR)
for those that were cured
and completed outcome was

73%



ROM staff sensitize community on TB awareness and offer free testing

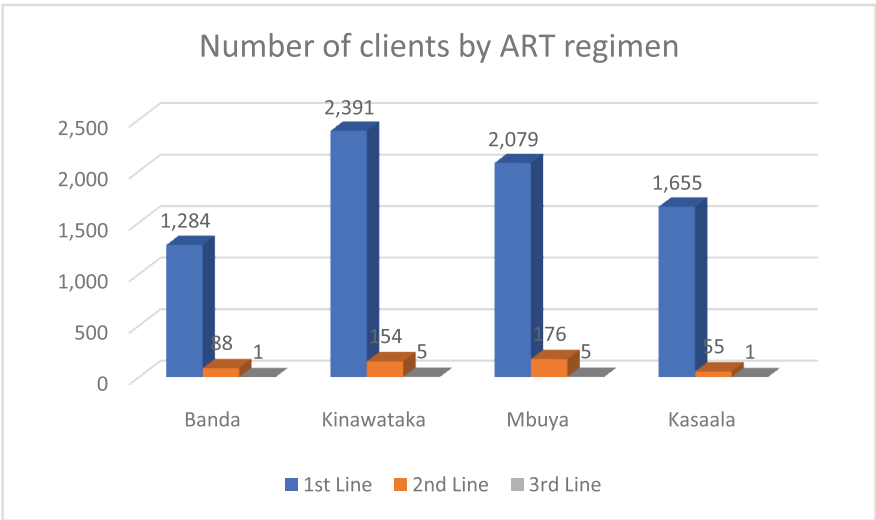


ROM staff supports a TB patient to reach facility for management

Anti-Retroviral Therapy

All eligible clients enrolled into ROM care received pre-ART instruction and initiated on treatment. By the end of 2018, 6183 were on ART, 1771 of this number hailing from Kasaala in Luweero. Of those enrolled 549 were children. (Refer to table 2 above on Clients in care by age and sex in 2018)

Figure: 5 Number of clients by ART regimen



Most Clients are maintained on 1st Line based on the Ministry of Health guidelines.

Elimination of Mother to Child Transmission of HIV (Success Story)

In 2018, ROM still recorded 0% transmission of HIV from mothers to their babies. This is the ninth year running. The organisation’s approach to elimination of mother to child transmission of HIV is divided into four categories that include; Primary prevention of HIV infection among women of reproductive age; Prevention of unintended pregnancies among HIV infected women; Reducing the transmission of HIV from infected pregnant mothers to their babies and Provision of treatment, care and support to HIV infected mothers and their children.



4164 HIV positive women were screened for pregnancy

99 were found pregnant, 50% were HIV+

50 were started on option B+

HIV Prevention Services

MDD in HIV Prevention

ROM works with adolescents and youth in the provision of HIV prevention services, employing the adolescent & youth peer-led models to run the HIV prevention programs for youth in and out of school. Pioneer youth are trained and in turn, these reach out to other youth in the community. The Exploring Talents Club was therefore born to provide Adolescent & youth-led group with music, dance and drama skills for HIV/AIDS edutainment. The team of 80 adolescents and youth have been able to form a very vibrant group that can be trained to deliver HIV prevention messages to their peers in and out of school.



ROM MDD group entertaining guests during an introduction ceremony



ROM MDD team in a group Photo with the visitors

Young Mother's Club

The Young Mother's Club is a group consisting of young ladies, female adolescent clients and Orphans and Vulnerable Children (OVC) who get pregnant at an early age. The group brings these young girls together and aims to protect them from acquiring HIV, for the girls that are not already infected. The young girls are offered skills to rebuild their lives and enable them sustain their families.

The group, which is made up of both pregnant and breastfeeding young mothers younger than 24 years meets every month at a location of their choice to freely share experiences and information on sexual and reproductive health. These meetings are facilitated by eMTCT Nurses, Counsellors and Child Care Assistants who play a support role to the mothers. In 2018, 268 young mothers in total attended the club meetings aimed at inspiring healthy lifestyle and parenting.



Young mothers attending an all-round session on parenting, HIV prevention, Prevention of Mother to Child Transmission, Adherence, Financial empowerment and Gender Based Violence.



A young mother receiving HIV testing by a ROM counsellor

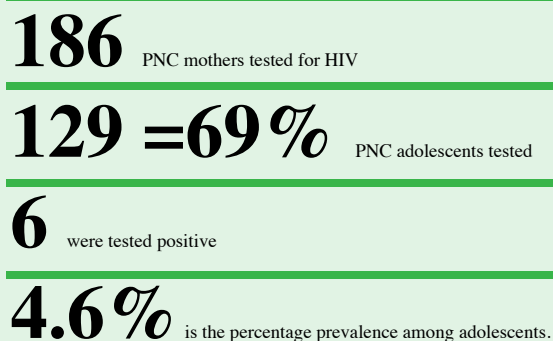
HTC Among New ANC Attendees



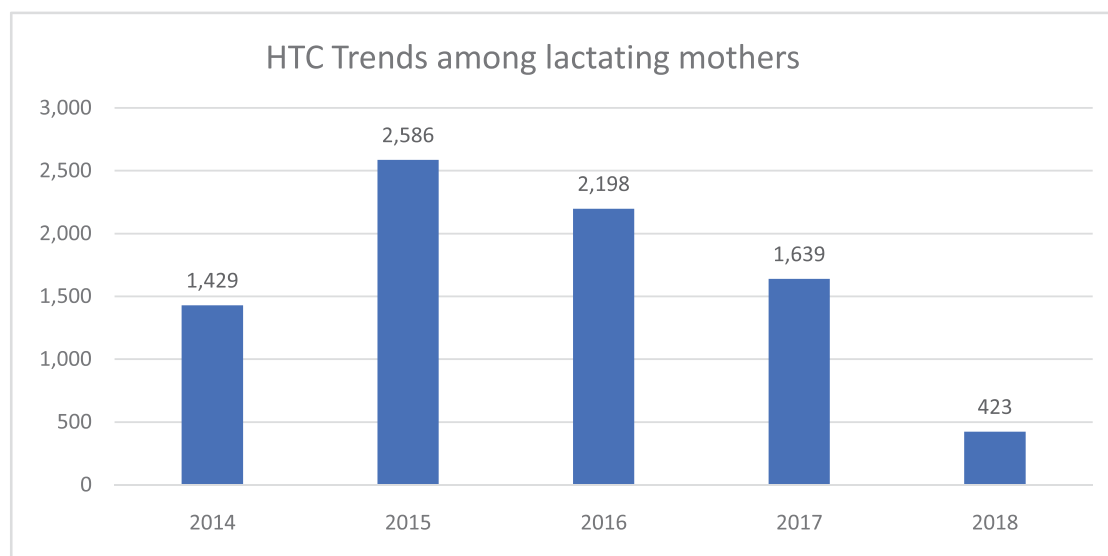
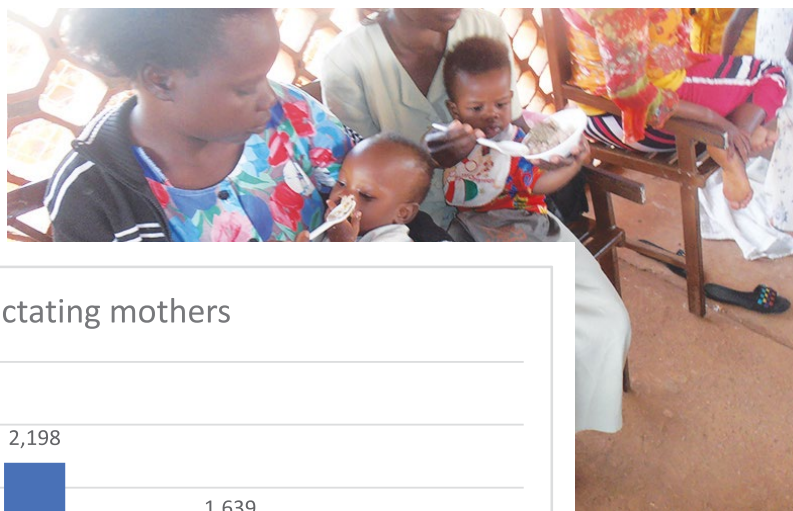
Pregnancy Among HIV Positive Women



HTC or Postnatal (PNC) Mothers

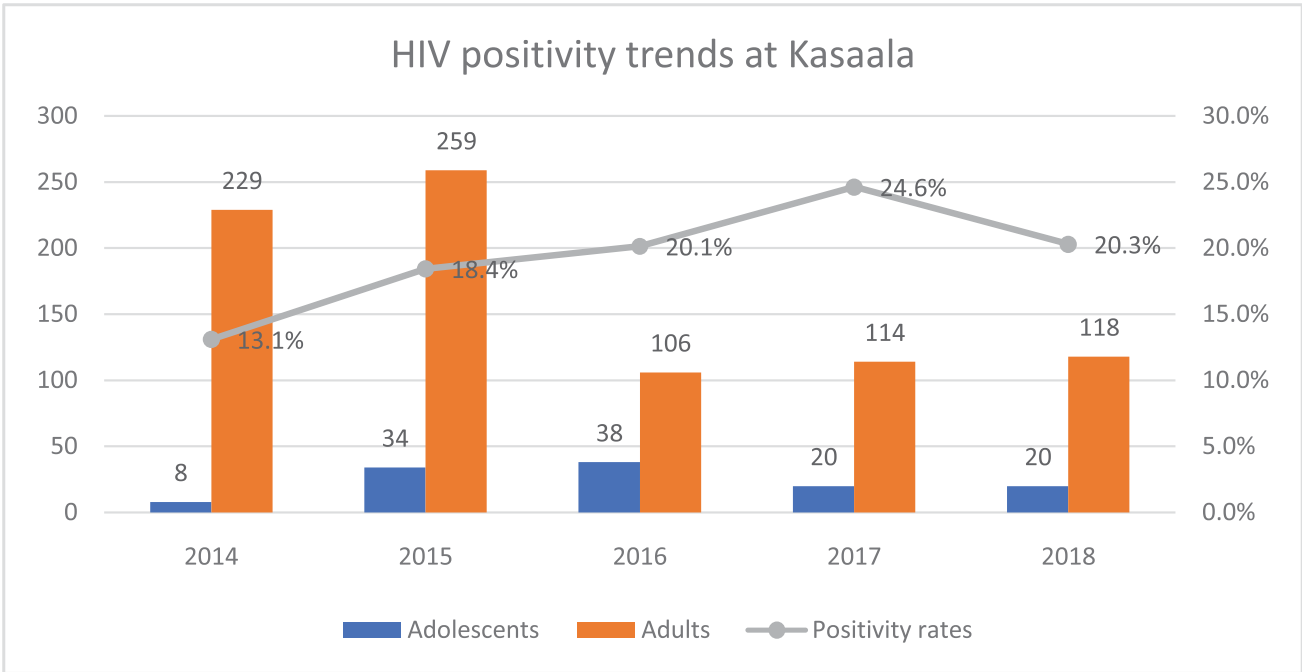


***Figure: 6**
**HTC trends among pregnant
and lactating mothers (2014-2018)**



In the year 2015 we tested more lactating mothers as compared to 2014 by difference of 1157 lactating mothers, however from 2016 till the year 2018 we had a great decline in the totals tested as clearly shown above.

HIV positivity trends at Reach Out Kasaala



EMTCT Community Support



Every HIV positive woman of reproductive age that comes to the clinic is screened during their regular clinic visits, when they come to receive Antenatal care (ANC) services, during labour and after giving birth, when getting Post-natal care (PNC). In 2018, ROM enrolled 45 new mothers on antenatal care.

423 pregnant women were supported with HIV testing and Counselling services. Of the expectant mothers with HIV, 45 received ART.

***Table: Clients in Care by Age and Sex, 2018**

	0 - 19		20 – 39		40+	
	M	F	M	F	M	F
Mbuya	65	97	368	782	411	537
Kinawataka	63	96	365	794	494	738
Banda	47	59	212	545	216	294



Psychosocial Interventions for the Children

Friends Forum



Young People Living with HIV Who Attended the Friends Forum

The Friend's Forum is a psychosocial support group of children and adolescents living with HIV that meet monthly on the last Saturday of every month. Through this forum young people meet to share experiences and challenges relating to HIV, their medication and are empowered with life skills for a good life. A variety of activities take place in the friend's forum and these are aided by music, games, testimonies, and discussions. Crucial issues discussed include; proper drug adherence to medication, positive living, life skills sessions, debates, quizzes, and skills building activities among others in different same age groups. These are all triggered towards addressing the social, mental, health and psychological needs of YPLWHIV (Young People Living With HIV). Below are the figures from the Friend's Forum in the year 2018;

Month	Jan-18	Feb-18	Mar-18	Apr-18	May -18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Total
Male	35	15	18	51	51	32	-	-	-	19	48	269
Female	27	22	26	56	65	36	-	-	-	10	46	288
Total	62	37	44	107	116	68	-	-	-	29	94	557

Every last week of the month the HIV positive young peers at ROM meet to talk about challenges that they face in the community and share experiences on how they can deal in times of distress.

Bread of Life Adolescent Camp

The Bread of life camp is an annual activity that brings together children, adolescents and youth served by ROM and it occurs in January during the term 3 holiday. It is purposed to provide adolescents with the opportunity to explore life, interact freely and gain other life skills for an improved social, physical psychological and healthy mind. In every camp activity that takes 5 consecutive days, focus is placed on the young people that are reportedly new and have not had a chance to be in the camp. In addition to skills building projects, young people are empowered with a broader package of life skills, leadership skills, health or body changes, positive living. Games, music and interactive learning is also used to engage the participants. The turn up for the camp in 2018 was 62 young people.

Young People Who Attended the Bread of Life Camp

Month	Jan-18
Male	35
Female	27
Total	62



Discordant Couple Program – Risk Reduction Intervention

Discordant couples are considered among the most-at-risk groups since the HIV negative partner is at high risk of acquiring HIV from the positive spouse. ROM usually conducts modular training for the newly tested discordant couples explaining to them what HIV discordance is, the measures that can be taken to reduce the risk of HIV infection, and the importance of good communication, to mention but a few. Peer meetings are also held for these couples to help them share experiences and support one another.

Reach Out through the year had one training with 36 participants, where clients were sensitized on what HIV discordance is. Some clients came to know they were not alone hence encouraging them to discuss the challenges they are facing as discordant couples.



Discordant couple support group meeting at Banda site.

The older discordant couples formed their own groups where they met to share their experiences. Meetings were organized per community as opposed to organizing large meetings.

In total, through the year, 159 people met in their different community groups and 34 negative partners retested, and all were HIV negative.

One Anna (not real name) who is in a discordant relationship shared her story. Anne got married to her current positive husband and after giving birth to their first child the mother in-law and other family members did not like her because she is a Mugishu. So they chased her away and got another woman for the man of the same tribe, this new woman unfortunately had HIV and a few years later she passed on. The man because he loved his first wife started looking for her and brought her back in the home. They both did not test for HIV, so after some time the man started getting sick and the mother in-law and other family members said she came back with HIV and had infected the man. She knew she was HIV negative since she had always been testing so the family took the couple to a private clinic and the results were discordant. They were so biased they went to Entebbe hospital and it was still the same still they did not believe. A friend of the family told them ROM has the best testing kits so they brought the couple to ROM Mbuya and the results were still discordant. The couple and family members were counselled and the husband started treatment under Giza community. The husband's family later apologized to her. The couple is now stable and the husband is doing well on treatment. God has blessed them with three more children. Anne thanks the counsellors for the support and encouraged other couples to always remain strong and learn to forgive for it's the way to happy marriages. This moving story is a learning experience for both the old and newly enrolled couples in the discordant couple program.

Alcoholic Support Club

Alcohol abuse counts as a contributing factor to poor adherence to HIV/AIDS treatment. A large number of the members in the communities in which ROM serves are involved in local brew making and selling which has affected client's adherence.

Since the establishment of an Alcoholics Support Club in 2016, there has been provision of support to clients struggling with alcohol addiction. ROM, through partnership with Butabika Hospital has so far enrolled 25 clients at Butabika Hospital for rehabilitation, 15 of whom are male and 10 females. So far, 15 of those enrolled have been able to stop using alcohol, 4 were relapses, and a total of 435 people enrolled in the Alcohol Support Program. There were 20 home visits done through the year to the people on the support program.

Among the support the clients receive is counselling and home visits to ensure clients adhere to treatment and maintain suppressed viral loads. Peer support groups are also another form of support set up for clients who successfully stopped alcohol to share with other struggling addicts.

Nutrition Support



Provision of nutritional support to clients aims at ensuring improved quality of life through nutrition and counseling support programs.

For every visit, clients are screened to evaluate their nutritional status.

In 2018, **6183** clients received nutrition therapy. **138** clients profited from diet therapy.

Laboratory

At ROM we believe that a robust and relevant Laboratory system is very critical in the fight against HIV/AIDS as it is the entry point into HIV management, care and treatment. To have quality testing laboratories, it is important to follow good clinical laboratory practices and up to date standard operating procedures.

A number of quality improvement projects are being done and almost getting done which include; improved access to viral load bleeding for all patients, among others.



Trainings conducted and attended in 2018 include Continuous Quality Improvement, Bio-risk Management, PIMA usage, LQIMS.

The laboratories received support supervision and mentorships both internally and externally by the laboratory supervisor and a team from IDI, respectively, who were following up on the application of LQIMS within our labs following the training we had attained from the institute.

Pharmacy Management

All ROM pharmacies preserved adequate stock levels throughout the year for all important drugs whilst ensuring that there was minimal wastage of drugs due to expiration. The real time data entry system also aids the monitoring of in flow and out flow of drugs in the pharmacy and stores

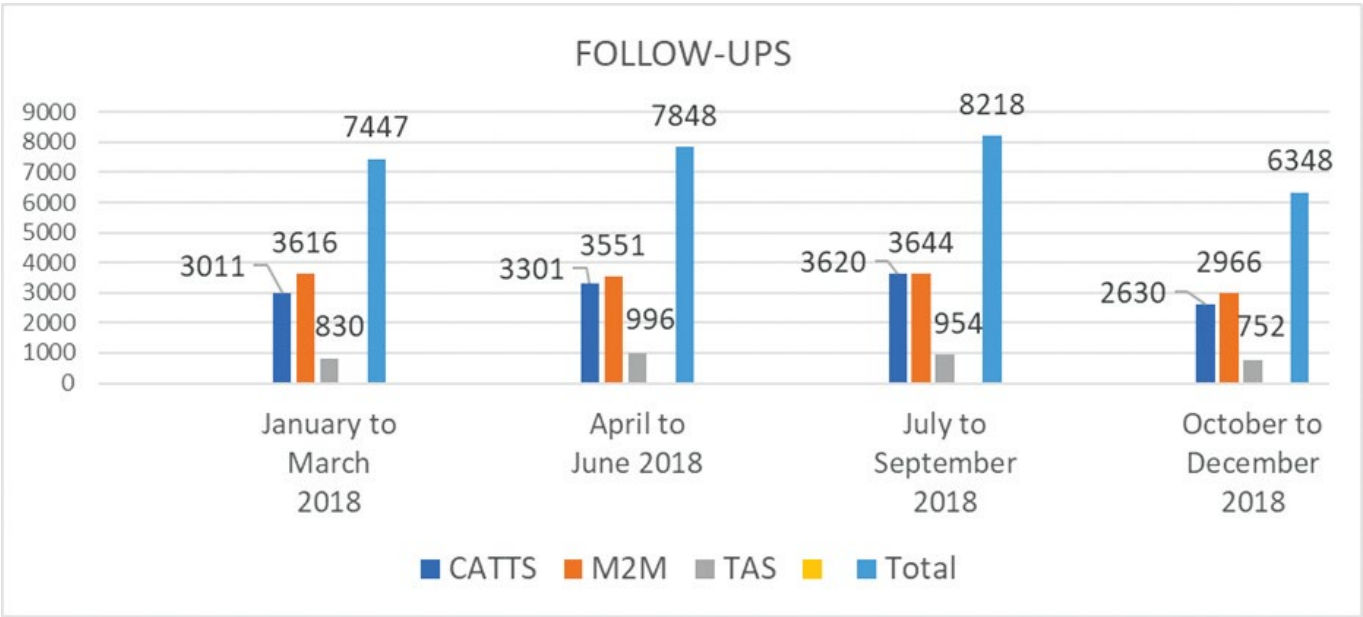
COMMUNITY SUPPORT Home Based Care

The core of the medical support is based on the existence of the Home-Based Care (HBC). The main aim of the section is to offer Home Based Care (HBC) to ROM clients with involvement of peers to enhance treatment outcomes through ensuring adherence to treatment, mobilization and referral for social support services.

CATTs follow up adult clients (18 years and above), M2M follow up on expecting mothers, those that have delivered and their infants/families. They ensure that mothers receive PMTCT services and adhere to treatment plans, while TAS follow up children, teenage and adolescents.



Clients followed up by our Community Health Worker



Support Interventions for our Clients

CATEGORY	JAN - MAR 2018	APR - JUN 2018	JULY - SEPT 2018	OCT - DEC 2018
VISITS (FOLLOW-UP)	7447	7848	8218	6348
PLAY THERAPY	225	438	73	243
DSDM	1234	1111	966	704
ADHERENCE GROUPS	401 82Groups	237 68Groups	309 67Groups	231 53Groups
VILLAGE MEETINGS ATTENDANCE	245	74	185	59
HEALTH TALKS	2047	1728	1103	1483



Food Support

Many of the families served by ROM face food insecurity; whereby they are unable to obtain a sufficient amount of healthy food on a day-to-day basis this is usually caused by poverty. We are grateful to Sid 'Ecole for supporting the 94 families with food in 2018. The food was distributed during every school holiday and each family received 45 kilograms of maize flour, 15 kilograms of beans and 12.5 kilograms of corn soya blend (CSB) on the distribution day. A total of 311 family members benefitted from the food support given that the food benefits the entire family.

School against Aids (Sid 'Ecole) is a Swiss, non-profit, independent organisation founded in 2002 to provide schooling for 22 orphans in Uganda. The association has grown very quickly and expanded its projects to Zambia and then to Kenya. To date a board of 7 voluntary members, based in Geneva, is responsible for 6 projects.



Figure 1 Ladies apportioning food provided through Sid 'Ecole for some of the pupils as they look on

Economic Strengthening Programs

Village Savings and Loans Association (VSLA); (About)



The Village Savings and Loans Associations (VSLAs) at ROM were started in 2009 under CARE Uganda and later Reach Out (ROM) took over through funding from the Centre for Disease Control (CDC) which then changed to the Infectious Disease Institute (IDI). Some families living with orphans and vulnerable children lack adequate economic resources to cater for their physical and material needs. This undermines their ability to fulfil the rights of these children. In 2018 under economic empowerment, we continued to support the VSLA to promote savings and engage in business. 466 groups have been mobilized and trained since the start of the VSLA program.

237 followed up in 2018, **42** new groups formed in October 2017 to December 2018

94% are females in the groups, out of the **13,380** members in all the **446** VSLA.

56 have been linked and registered at the division.

140 VSLA have now been linked to formal Banks

56 VSLA are client's groups sitting in different communities, a total of **810** clients saving to date.

405 HH participants running small IGAs



Roses of Mbuya



Roses of Mbuya products

Roses of Mbuya was set up as an income generating activity that targets HIV positive women in the community as a way for them to earn an income for their families. In 2018 the workshop continued to produce a variety of African products and uniforms for sale. The team participated in a number of exhibitions to market their products and attract more buyers .Proceeds the workshop supported OVC activities.

Orphans and Vulnerable Children (OVC)



Education Support:



Under this project, **1129** vulnerable children received education support.

Of these **538** were male and **591** females and **26** households graduate and were linked to income generating activities.

FROM BENEFICIARY TO STAFF



Paul Wandera, 25 years is a school fees beneficiary that became an employee of ROM as an Information and Technology Assistant. Even with the difficulties that his mother had to face while caring for him and his siblings, Paul was a hardworking boy who was determined to complete university.

While perusing my Ordinary Level of Education (O' level) at City High School, I saw my name on ROM's list of school fees beneficiaries, I realized that I was a lucky boy.

I joined ROM's group, talent club and the music, dance and drama club in 2019 when I joined Advanced Level of Education (A' level).

This group gathered teens from different walks of life to showcase their different talents.

However, when the Ordinary Level of Education results came out, I did not have a first grade a requirement that was needed for one to continue receiving school fees support from ROM. I had a second grade but because I was in the talent club which was generating income for the organization, I was placed on the list to continue with my education.

At Advanced Level of Education, I scored thirteen points of the maximum 20 points and I was informed by ROM that the school fees sponsorship stops at secondary school level.

Because of my unwavering commitment towards the music dance and drama troupe that had gained ROM much recognition and respect, the Executive Director for ROM at the time, DR. Betty Nsangi stepped in to ensure that I got tuition fees support to take me through university which I enrolled in 2014.

I graduated from university in 2018 where I acquired qualifications in Information System from Uganda Technology and Management University (UTAMU) Nakawa. I currently work as an Information Technology Assistant at ROM.

I am very happy to finally work with ROM because it gave me several opportunities. I do not want to disappoint those that put their trust in me like Dr. Betty, Agnes Nakanwagi, Sylvia Namboozo, Joseph Lwasa, the Orphans and Vulnerable Children team and all ROM staff. My only prayer is that the Lord continues to bless ROM and all the donors who supports the children in need.

Children Protection and Legal Support:

Under Children Protection and Legal Support;



ROM collaborates in 4 OVC support programs which included; education support, economic strengthening, social protection and parenting/caregivers support.

1949 OVCs were sensitized on child and legal support.

While, **824 (Male =408 Female = 416)** OVC were assisted on birth registrations.

Psychosocial Support:

Through offering
Psychosocial Support ;

1345 OVC were reached through the different peer-led psychosocial interventions.

1048 OVC Received Education Support by End of December 2018.

Gender Based Violence Campaign



Gender based violence and SGBV is present in societies across the globe in times of peace and stability as well as in conflicts, and the analysis of the accessible data in different contexts is showing us that the most vulnerable groups to GBV are children and women. Some categories of the population are particularly more vulnerable to GBV, because of factors such as gender, origin or social and economic status. Other risk factors such as HIV/AIDs are inter-connected with GBV in itself.

In 2018, a total of 6 schools were reached with prevention messages. The Reach Out team worked hand in hand with trained Peer Teachers to spread prevention messages. There were also HIV/AIDs & GBV prevention awareness competitions and students' debates organized with HIV/AIDs & GBV prevention themes.

Rom trained different stakeholders in gender based violence and case management in total 278 participants were trained .These included 58 police officers 56 medical staff,30 peer supporter s ,90 religious sects and 44 Rom staf



Grandmother's Support Project:

The Grandmother's Support Project began in 2014 when Reach Out Mbuya received support from the Stephen Lewis Foundation (SLF) to implement a project that would improve the well-being of grandmothers in Kasaala, Luweero district. Grandmothers play the role of head of the house in most communities in Luweero district mostly because they lost their children to the 1986 Guerilla War or to the HIV/AIDS scourge. Many however are old and lack the income to take care of their grandchildren, let alone keep them in school.

Since June 2014, approximately **1480** grandmothers active in care (SLF project) were enrolled into care. The care is based upon 5 core program areas of Economic strengthening, Food and nutrition, Health, water, shelter & Sanitation, Psychosocial support & basic care, and Child protection & legal support.



MONITORING AND EVALUATION

Quality Assurance (QA)

Reach Out ensures Quality Assurance is fused into all its program activities to ensure that service delivery meets the set code of behavior and standards. Every department of the organisation works together with the Quality Assurance unit in various activities some of which include; data quality checks; client satisfaction interviews, budget reviews, report and document reviews, to mention a few.

GOVERNANCE, MANAGEMENT AND STAFFING

The Human Resources

There was **an increase** in staffing **from 124** at the end of 2017 **to 136** at the end of 2018. This was a result of **a number of projects that came on board** such as Sustainable Outcomes for Children and Youth (SOCY) and Defeat TB. HIV clients' involvement reduced from reduced 38.5% to 33.8% and female involvement was at 33.8%.



STAFFING:

DEPARTMENT	Established	Support	Total
Executive Directors office	2	0	2
Human Resources	2	0	2
Fin. & Administration	12	5	17
Medical	38	1	39
Community & Social Support	13	24	37
M&E	4	6	10
Kasaala	16	0	16
SOCY	11	0	11
Defeat TB	2	0	2
TOTAL	100	36	136



Thirty-two staff were recruited and **34** staff exited during the year compared to **17** that exited in the previous year. **Eighteen** staff exited through resignations, **8** non renewals, **6** terminations and **2** dismissals as a result of abscondment. Major exits included Executive Director, M&E Manager, Community & Social Support Manager Operations Manager, Finance Manager and Clinical Services Coordinator. There was a merge of two departments; Finance and Operations to become Finance & Administration department and internal audit department was scrapped off.

Staff Training and Development

Cumulatively 1586 hours (equivalent to 198 days compared to 165 days in the previous year) of staff time was spent on capacity building during the year. This was through in-house training, external trainings as well as continuous medical education.

Major trainings both in house and external trainings were;

No.	TRAININGS	Target Group	Training organized
1	Scorecards	All staff	In house/ Cabin Uganda
2	Gender Based Training	All staff	In house/ UCMB
3	Gender norms	All staff	In house
4	CATTS Refresher training	Teenage & Adolescent Supporter, CATTS, M2M	In house
5	Behavioral change and communication	Home Based Care Team Leaders	External/ IDI Academy
6	Dreams report system	Social Workers, Linkage Officers, Youth TLs	External/METS
7	Pediatric HIV Management	Clinical Officers	External/IDI
8	TOT/ Comprehensive HIV Management	Outreach Services Officer /Clinical Services Coordinator	External/MoH/IDI
9	Counselors Refresher training	Counselor	National Trainers
8	New IMAM guidelines	Foal people Nutrition and PMTCT	External /IDI
10	Adolescent HIV Management	Clinical Services Coordinator	External /IDI
11	Pharmacy and logistics training	Pharmacy Supervisor	External /IDI
12	Pharmacy visits /stores	Pharmacy and store staff	External /Nsambya Hospital
13	MoH –DSDM TOT Course	M&E officers/ HBC Supervisors	External /IDI/ KCCA/ MoH
14	Clinical Systems mentorship training	M&E Assistants	External /IDI
15	Orientation in the upgraded Web Based ARV & TB ordering System	Pharmacy staff	External/IDI



VOLUNTEERS & LOCUMS

ROM received 13 volunteers compared to 39 volunteers received in the previous year and 13 locums compared to 18 received in the previous year



STUDENTS

During the year a total of 25 interns compared to 35 in the previous year. Internationally, 1 intern from German.



***Table:** Income and Expenditure Statement, January – December 2018

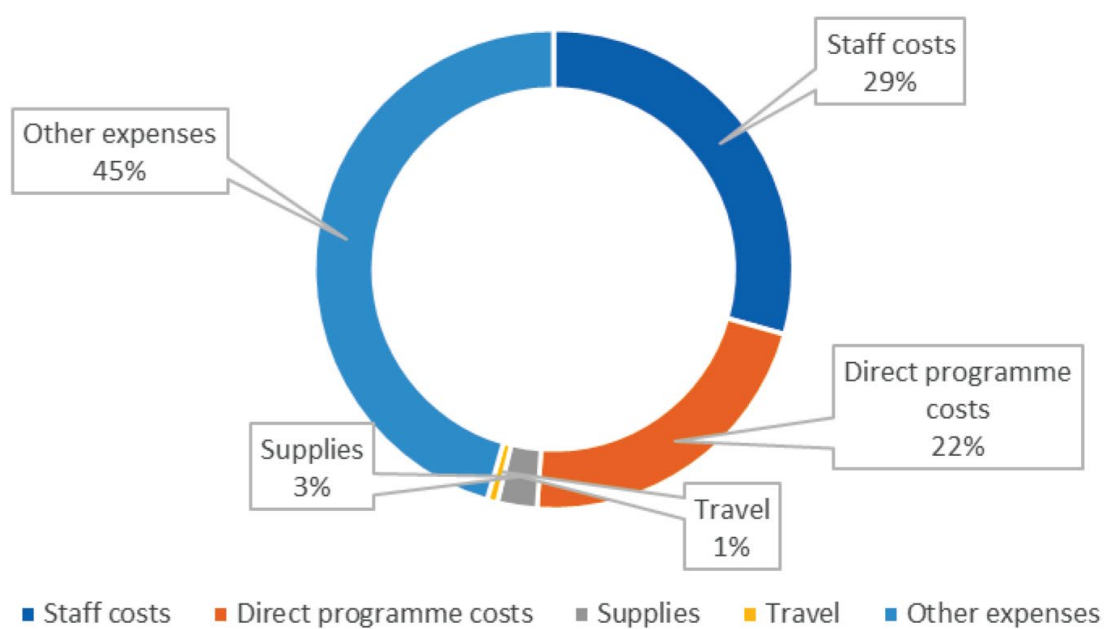
Income Summary

Income Category	2018	2017
Grant Income	4,374,249,727	4,988,917,445
Drug donation	2,144,356,562	2,423,268,747
Other income	34,549,355	364,831,716

Expense summary

Staff costs	2,032,966,485	29%
Direct programme costs	1,506,093,868	22%
Supplies	185,318,723	3%
Travel	48,081,999	1%
Other expenses	3,150,680,134	46%
Total	6,923,141,208	100%

Expenses classified by percentage



APPENDICES

USAID Defeat TB

Gipato Harriet is a 36-year-old wife and mother of four children.

A resident of Acholi Quarters in Nakawa Division, she lives with her husband and children. She vends fruits to fend for the family as her husband is unemployed. And hers is a story of how she stood firm in her marriage despite having been infected with HIV/AIDS and Tuberculosis (TB) by her husband.

In October 2017 Harriet didn't feel like her usual energetic self. She had also noticed she was losing weight but brushed it off as fatigue. However, she persistently fell ill and none of the pain killers she received from the neighborhood clinic took away that sick feeling; "I felt a hollowness in my stomach, like I had lots of air in my stomach, I also had a persistent cough, fever and joint pains to the point where I couldn't walk," she explained.

It was then that her husband took her to Reach Out, Kinawataka to run tests. What he hadn't done intimated to his wife was the fact that he had earlier tested positive for TB and HIV and because he had suspected he had passed on the virus to his wife, he brought her to Reach Out, Kinawataka to run blood samples and carry out a sputum test.

Moments later, Harriet's results were out and were reading positive for both HIV and TB. With many thoughts running through her mind knowing only a year ago she had tested negative, Harriet was downtrodden. Only one person could have brought that calamity to her, her husband, whom she confronted and he confessed to having known his status but not told her.

"I was in denial at the beginning and that denial culminated into anger towards my husband who never disclosed his status to me and went ahead to infect me. It also didn't make sense to me why he would do such a thing since I had been faithful and honest to him myself. It took me a while to forgive



him," she narrated.

However, with lots of counseling from the Counselors at Reach Out, Harriet was able to get on treatment first for the TB which had made her so weak before getting on her HIV drugs. She adhered and responded to her TB treatment, completely curing from the disease six months from the time she was started on the medication; "I was declared TB free and put off the TB medication in May 2018," she recounts with a smirk on her face.

Asked who was her support system during the time she found out her status, Harriet mentioned the Reach Out counselors and her husband who she reconciled with because he was there for her throughout, from the time he brought her to the hospital and when she was receiving treatment.

"My husband, after finding out his status got scared to confide in me because he believed I would leave him. I have since forgiven him and we are now taking care of each other because we want to live a healthy life," Harriet said.

Six months on and Harriet is back on her feet, living her best life which she says is not promised another day. She and her husband are happy being each other's keepers and ensuring that they both adhere to their treatment. Over all, Harriet thanks the 'basaawo' (doctors) of Reach Out, especially Clinicians Komakech and Mary whom she notes were her support system and never treated her badly at any one time.

In 2018, Reach Out Mbuya won a grant from USAID to implement TB prevention and treatment interventions in Nakawa Division.



Reach Out Mbuya Parish HIV/AIDS Initiative

P.O. BOX 7303 Kampala Uganda | Plot 1 Boazman Road Mbuya 11 Hill.

Tel: +256 414 222630/+256 312 165250

Email: reachout@reachoutmbuuya.org | Web: www.reachoutmbuuya.org

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