

Kawempe Home Care
P.O. Box 337 Kampala, Uganda
'Moved by Love'

Providing Comprehensive Holistic Care to Clients with TB, HIV/AIDS and Cancer



Community Based HIV/AIDS care and treatment project

ANNUAL REPORT 2011

EXECUTIVE SUMMARY

Dear Friends and Partners,

It is with great pleasure that i share with you our achievements and challenges during the year 2011. This was our fourth year of operation and the year was dedicated to building capacity of our team. We were privileged to have Lorrain Kirk our beads for education technical advisor and volunteer with Palm's Australia who was very instrumental in strengthening the project.

This year 999 community members were tested for HIV and all received their results. 266 (27%) of them tested HIV positive and 733 (73%) tested HIV negative. The high prevalence of 27% is due to the fact that most people who seek our services at the clinic suspect that they are HIV positive and are coming for care. At the end of the year we had 844 active patients in care of who 590 (70%) are female and 254 (30 %) are male. Sixty two mothers received prevention of mother to child transmission services, 41 patients were active on TB treatment, 15 (37%) are female and 26 (63%) are male and 10 cancer patients received palliative care services and 539 patients are active on antiretroviral therapy.

The highlight of our year was the development of a new partnership with the Infectious Diseases Institute (IDI) of Makerere University College of health sciences. This new partnership provided us funding under the KCCA project to maintain care for our HIV/AIDS patients and also carry out community HIV counselling and testing. We are really looking forward to a great collaboration that will help build our capacity to serve many more patients.

In 2011, we worked very hard at ensuring the overall sustainability of our program and this was done through a great deal of planning, sales and marketing our Beads for education project through our global network of ambassadors. Together with other income generating projects like the motor bikes and piggery project we raised 25% of our income this year. We also started two other new projects i.e. mushroom production and paper bags manufacture using recycled paper. We hope to use these other projects to expand on our income base and then provide service to many more patients.

All we have been able to do this year has been due to the great support that we have received from our donors the Infectious Diseases Institute, Hope for Children (UK), Friends of Reach Out (FORO) USA, US embassy Kampala, Culture without borders (DK), The Great Generation (UK), the True colours trust (UK) in collaboration with the African Palliative Care Association, the Ministry of Health AIDS control program and Samaritan Hospice (USA). We also have a number of private donors who have helped provide extra funding for our work and the school fees project. We are really grateful for all your support and we look forward to further collaboration in 2012.

Yours truly

Dr. Samuel Guma
Executive Director

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ABBREVIATIONS

AIC	AIDS Information Centre
AIDS	Acquired Immuno-deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
DNA	Deoxyribose Nucleic Acid
VICTASS	Volunteers In Care TB treatment and AIDS Support System
CBO	Community Based Organization
CME	Continuous Medical Education
FORO	Friends Of Reach Out
HAU	Hospice Africa Uganda
HES	Home Care Education Support
HBCT	Home Based Counseling and Testing
HCT	HIV Counselling and testing
HIV	Human Immunodeficiency Virus
IDI	Infectious Diseases Institute
JCRC	Joint Clinical Research Centre
KHC	Kawempe Home Care
OI	Opportunistic Infection
PEPFAR	US Presidents Emergency Fund for AIDS Relief
PCAU	Palliative Care Association of Uganda
PCR	Polymerase Chain Reaction
PMTCT	Prevention of Mother-to-Child Transmission
TB	Tuberculosis
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
BFE	Beads For Education

1.0 CLIENTS SERVED

The quality of life of clients at Kawempe Home Care (KHC) living with TB, HIV/AIDS and or cancer has greatly improved this year of 2011. A total cumulative number of 1823 clients have experienced prevention and relief of suffering through early identification, assessment and treatment of pain. 1253 (69%) were female and 570 (31%) were male. Their Physical, psychosocial and spiritual lives have also been greatly improved. HIV counseling and testing (HCT) is the entry point for all clients on the program. 999 clients were tested this year and all received their results. 266 (27%) clients tested HIV positive and (733 73%) tested HIV negative.

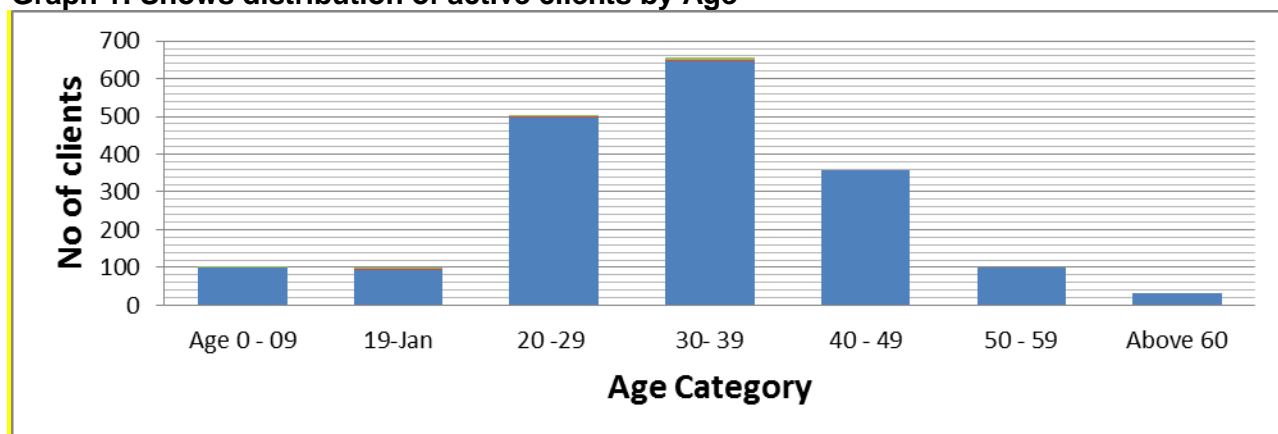
- 844 are active on HIV/AIDS treatment, 590 (70%) are female and 254 (30 %) are male.
- 41 clients are active on TB treatment, 15 (37) are female and 26 (63%) are male.
- 62 mothers have cumulatively been offered PMTC services
- A total number of 539 patients are active on ART services
- 10 patients with Cancer received cared and treatment support.
- At the end of 2010, 70% of clients receiving treatment were women. By the end of 2011, 69% were women and this has highlighted on women's vulnerability to HIV infection. The decrease by one percent is attributed to KHC team that is working hard to reduce the burden of the epidemic through creating awareness among women but more work need to be done.

1.1 Age Distribution

It has been three years since the first HIV positive test was done at KHC and results have always shown that HIV prevalence is high among older age groups with the age group of 30- 39 registering the highest number of clients. Although the numbers of children testing positive were quite many in the past years, these numbers have gradually gone down with this year registering the lowest number of children.

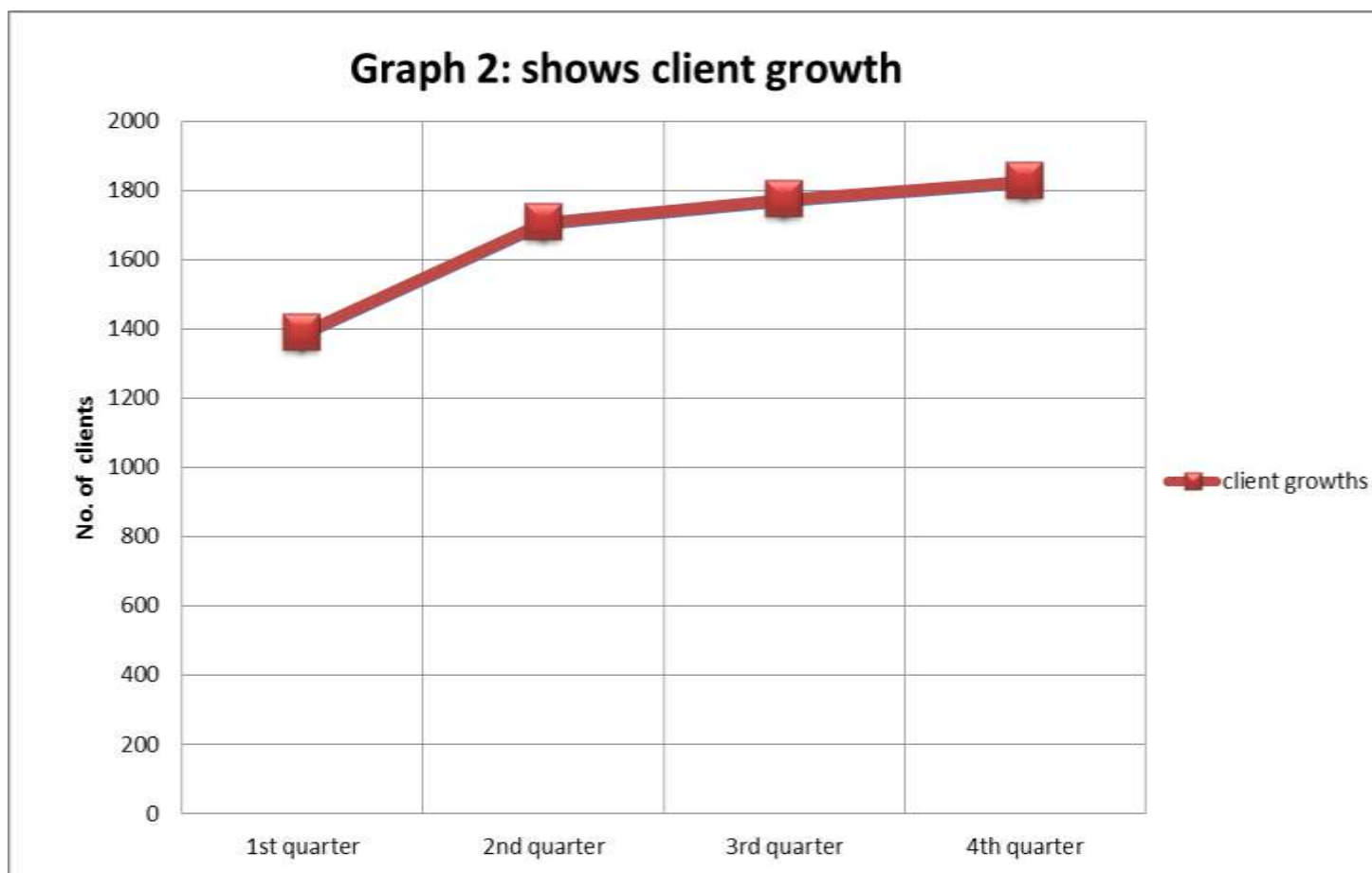
They are 99 clients between the age group of 0-9 years, 92 children are between 10-19 years, 497 clients are between 20-29 years, the highest number of clients registered is 357 and are in the age group of 30-39. They are 99 clients between 40-49 years, 32 clients are aged between 50- 59 and the lowest number of clients lie in the age group above 50 as seen in graph 1 below.

Graph 1: Shows distribution of active clients by Age



1.2. Client Growth

The provision of home based care has reminded the people of Kawempe division and Nangabo sub-county of the responsibilities we have to one another, people have not only come to appreciate our services but also accepted us to care for them. This has consequently led to increased numbers of clients served from 1385 to 1703 in the first six months. The number Stagnated at 1771 in the third quarter and then increased to 1823 in the last quarter. The

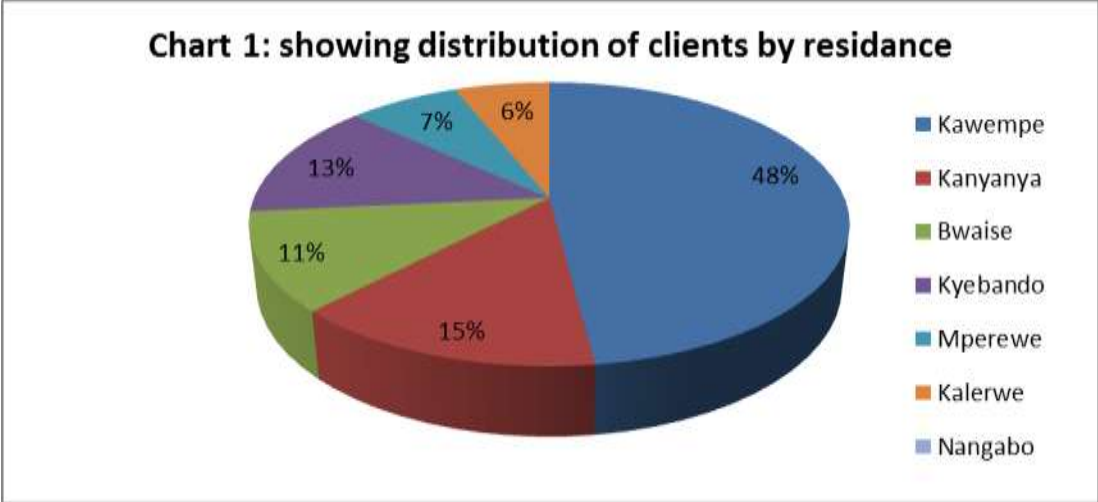


increase is attributed to massive HIV counseling and testing that started in from October to December 2011 as shown in the graph. This service is expected to continue next year with the aim of enrolling more patients on the program and creating more awareness about the disease.

1.3. Patients Residence

Kawempe Home Care operates in the division of Kawempe, in the parishes of Kawempe, Kanyanya, Kyebando, Kalerwe, Bwaise and Mpererwe and as well as Nangabo sub county in Wakiso district. The graph 3 below shows clients residence of active clients.

Chart 1: Shows residence of active clients



Compiled by
 Niwagaba Gerever
 Project Coordinator

2.0 MEDICAL DEPARTMENT

Message from the medical coordinator

The medical department is divided into four sections; the clinic, pharmacy, counseling and laboratory. These sections work hand in hand with other departments to ensure clients are provided with quality comprehensive holistic care for the wellbeing of our patients. We also have a training section where the clinicians, counselors and laboratory technicians have trainings externally and twice in a week internally on Thursdays and Tuesdays. Every Thursday we discuss all the difficult cases we came across during the week and find the best solution on how we shall manage the client and Tuesdays we come up with different topics about the different

manifestations of HIV. Externally we also had some training in various topics like update on PMTCT, exposed infant care, pediatrics HIV care and laboratory quality management.

These have greatly improved on the knowledge and skills of the clinicians in the management of HIV infections including the opportunistic infections.



PIC 1: Left, shows the medical team having continuous medical education (CME) at the unit.

2.1 Counselling Services

Counselling section continued to provide quality counselling services throughout the year 2011. These services included HIV counseling and testing including couples, on-going counselling services.

2.1.1 HIV Testing and Counselling (HCT)

The section counseled and tested a total of **999** clients, **266** clients tested HIV positive while **733** tested HIV negative of which **51** are couples. All of them received their results and this has been a success because results giving are done on the same day of testing.

	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter	Total
Positive	63	63	70	70	266
Negative	179	198	183	173	733
Total	242	261	253	243	999

Table 1: Above shows the number of clients tested in 2011.

2.1.2 On going counselling

On going counseling is the follow up counseling given to clients already on the program. It is done both at clinic during client's clinic visits and in client's homes during home visits.



Pic 2: Above shows ART counseling at the clinic.

The table below is a summary of the number of clients who benefited from the various types of ongoing counselling throughout the year.

Indicator being addressed	Males			Females			Total
	Under 5 years	5-17 years	Above 18 years	Under 5 years	5-17 years	Above 18 years	
Adherence counseling	7	8	139	1	9	236	400
ART counseling	5	6	46	0	2	86	145
Behavioral change	0	1	33	0	5	57	96
Disclosure	0	3	11	3	1	21	39
Nutritional counseling	5	4	13	3	0	32	57
Positive prevention	0	3	28	0	2	40	73
Positive living	0	5	45	0	6	68	124
PMTCT counseling	0	0	0	0	0	19	19
Supportive counseling	2	9	70	0	8	107	196
Social support counseling	0	4	11	1	3	24	43
Spiritual counseling	0	0	15	3	2	28	48
Bereavement counseling	0	0	4	0	1	6	11
Couple counseling	0	0	3	0	0	4	7
Stress management	0	0	26	0	2	48	76
Home visits	2	2	41	1	2	64	114

Table 2: above shows on going counseling services.

2.2 Clinical Services

The clinical team worked hard throughout this year in the provision of quality comprehensive holistic care for our clients and this has improved their quality of life. Most of our clients are doing well on treatment, the clinical services provided to our clients include treatment of opportunistic infections, provision of ART, diagnosis and treatment of tuberculosis, home based palliative care especially for the cancer patients, prevention of mother to child transmission of HIV infection and exposed infant care.

The clients get this services either at home or at the clinic, at home the clients who are very sick and weak are visited in their homes by the team of health workers including clinicians , community volunteer, counselors, a physiotherapist, social works and spiritual leader depending on the client's needs and is managed at home. It can be an emergency home visit or a routine home visit. Routine home visit are done twice a week and emergencies are done on any day a patient falls sick, a community volunteer reports to the clinic and a clinician makes an immediate visit to this client's home.

2.2.1 Medical Consultations

The clients have continued getting medical care from the clinic provided by the medical team who are trained and well skilled in HIV care so as to provide quality care for our patients and they are also always updated through having internal and external trainings (continuous medical education) for all the clinicians, counselors and the laboratory staffs so as to keep informed with the new information and knowledge in the management of HIV/TB infection.

Most of the clients turned up for their clinic visits and a few were lost to follow up in the community, 5 patients were transferred out to other health centers.

Type of consultation	1 st Quarter	2 rd Quarter	3 rd Quarter	4 th Quarter	TOTAL
Clinic	2098	2166	2481	2526	9272
Home	78	77	46	49	250
Total	2176	2243	2527	2575	9522

Table 3; below shows the number of consultations per quarter

2.2.2. Clients on ART

This year we had a sufficient supply of antiretroviral drugs and as a result many patients who were eligible for ART were started on treatment. We initiated 135 new patients on ART treatment compared to last year 2010 when we had a bit of challenge with the supply of ARVs. We are very grateful for the constant supply of drugs by the ministry of health and IDI – KCCA.

The adherence of clients to medicines has been good throughout the year due to the SMS reminder project that was sponsored by US embassy small grants project and carried out by TEXT TO CHANGE. Text messages were sent to clients twice a day to remind them take their

medicines on time, the community volunteers (VICTASS) have also continued to support and monitor the clients on ARV for proper adherence through pill counting on a home visit and the counselors who do intensive ARV education for the patient and their treatment supporters in their families emphasizing on the importance of adherence.

Indicators	1st quarter	2nd quarter	3rd quarter	4th quarter
Number of adults and children enrolled in the quarter	29	20	41	45
Number of pregnant mothers enrolled on ART	6	3	6	7
Number of active patients on ART	487	463	494	539
Number of adults and children initiated on ART 12 months before this period	27	36	51	18
Number of adults and children known to be alive and on treatment 12 months after ART initiation	25	29	44	15
Percentage of adults and children known to be alive and on treatment 12 months after ART initiation	92%	85%	86%	83%
Cumulative number of Adults and children with HIV advanced infection who haven't started ART	662	682	723	768

Table 4: Above shows number of clients on ART per quarter.

2.2.3. TB /HIV Integrated Care

The control of the spread of TB within the community and at the clinic through the routine sensitization is still going on and has helped reduce the spread of TB as observed in the declining number of new TB cases detected per quarter throughout the year.

By the end of the year we had screened 952 patients for TB, 164 clients were TB suspects out of which 73 clients were diagnosed with active tuberculosis and were enrolled on the program, started on TB treatment, 34 (47%) patients were sputum smear positive, 39 (59%) diagnosed through other systems like chest x-ray and abdominal ultra sound scan.

We now have 41 active TB patients on treatment of which 3 are children below 12 years of age, 32 (78%) being co-infected and 9(22%) having TB only. 31(76%) of this TB patients were diagnosed with pulmonary tuberculosis, 10 (24%) have extra pulmonary tuberculosis. Twenty six (81%) of the co-infected patients are on ART, 65 clients managed to complete TB treatment by the end of the year and were awarded certificate of completion of treatment.

TB is still a problem in the community and at the facility therefore we are still working hard in sensitizing people about TB in the community and at the facility with ensuring infection control measures are on the front line as we provide care for our patients like isolation of the TB suspects and TB patients, coughing etiquette, triage and many others.

Indicators	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter
No. of TB patients who had an HIV test results recorded in the TB register	16	24	21	12
No. of new smear positives	11	11	10	2
No. of TB patients who completed TB treatment	12	23	15	15
No. of HIV positive patients that received TB treatment.	43	39	38	32
No. of TB/HIV co-infected	43	39	38	32
No. of active clients on TB treatment	56	52	50	41

Table 5: below shows the number of patients treated for TB per quarter

2.2.4. Home Based Palliative Care

Home based palliative care is very important for the patients who have chronic illness and kawempe home care has made this as one of the major objectives in the provision of holistic comprehensive HIV care for our patients as most of patients are very poor and cannot afford to get the necessary care for their health and some even do not have care takers to help them at home, therefore most of our patients benefit a lot from this care.

In this year we tried to strengthen palliative care more and more by working in collaboration with hospice Uganda and one of the clinician attended a training in palliative care and trained fellow clinicians therefore they are now equipped with the knowledge and skills about palliative care. We now have three patients who are weak and bed ridden under care, two of these are having tuberculosis and one had cryptococcal meningitis and toxoplasmosis, completed treatment but cannot move so she is on physiotherapy which has helped her a lot and she is now able to move her limbs.

2.2.5 Palliative Care for Cancer Patients

Care for patients with Cancer is one of our major objectives, we mainly have patients who have advanced HIV and Cancer mainly Kaposi's sarcoma. The care we provide them is mainly pain control with oral morphine and other analgesics and control of their other distressing symptoms. During the year we cared for 12 patients with cancer of who 11 (92%) were HIV positive and only one (8%) was HIV negative. 6 (50%) of them are male and 6(50%) females all are adults.

The other services we provide the patients with cancer include; referral for appropriate care i.e. palliative radiotherapy and palliative chemotherapy. Patients with Kaposi's sarcoma have

benefited from the use of second line antiretroviral therapy that helps reduce the tumor progression. These clients have different types of cancers which include; Kaposi's sarcoma, cancer of the cervix and squamous cell carcinoma and all who are HIV positive are on ARVs.

Indicators	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Clients Enrolled on cancer program in the Quarter	0	0	2	2
Clients Active on ART in the Quarter	7	7	9	9
Clients who Died in the Quarter	1	0	1	0
Clients on Oral Morphine in the Quarter	0	0	2	1
Clients with Cancer only	0	0	0	1

Table 6: Above shows number of cancer patients.

2.2.6 Paediatric Adolescent Care

By the end of the year 2011, KHC had 85 active children under care with a total of 12 new enrollments. The children are monitored as they grow and those who go beyond 18 years of age are discharged from the pediatrics care and they are managed as adults; 8 of them will be discharged pediatric-adolescent care because they are now beyond the required age.

Indicators	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
Newly enrolled	2	4	3	3	12
Active	88	81	82	85	85
No. started on ART	10	1	5	1	17

Table7; Above shows the number of pediatric and adolescent care.

Only one death was registered towards the end of the year despite the efforts clinicians put in to save the life of the deceased. Forty children are active on ART with a total of 7 on 2nd line ARV's. All these are stable on their respective regimens. 5 children were diagnosed with active TB/HIV co-infection, 3 completed their TB treatment and had good outcomes, 1 died and only one co-infected child is still undergoing TB treatment. Otherwise all children are in good health with close monitoring from the community volunteers attached to each of them.



Pic 4; below shows a clinician examining a child on a clinic visit

2.2.7 Prevention of Mother to Child Transmission

A cumulative number of 65 clients on PMTCT Program were reached of which 42 clients were newly enrolled on program this year. Twenty three clients were assessed for ART initiation through CD4 and clinical staging and started on ARVS, leading to a total number of 62 clients on ARVS. 17 mothers delivered live babies and all babies received NVP syrups to reduce on the risk of spread of HIV infection. 28 babies received an HIV test DNA/PCR and 26 babies tested HIV negative and two babies tested HIV positive; they were brought in by their parents, not on the program before and did not have any preventive measure before birth, during birth and after birth because these mothers did not know their status and they delivered at home.



Pic 5: Shows a nurse examining an infant receiving PMTCT care

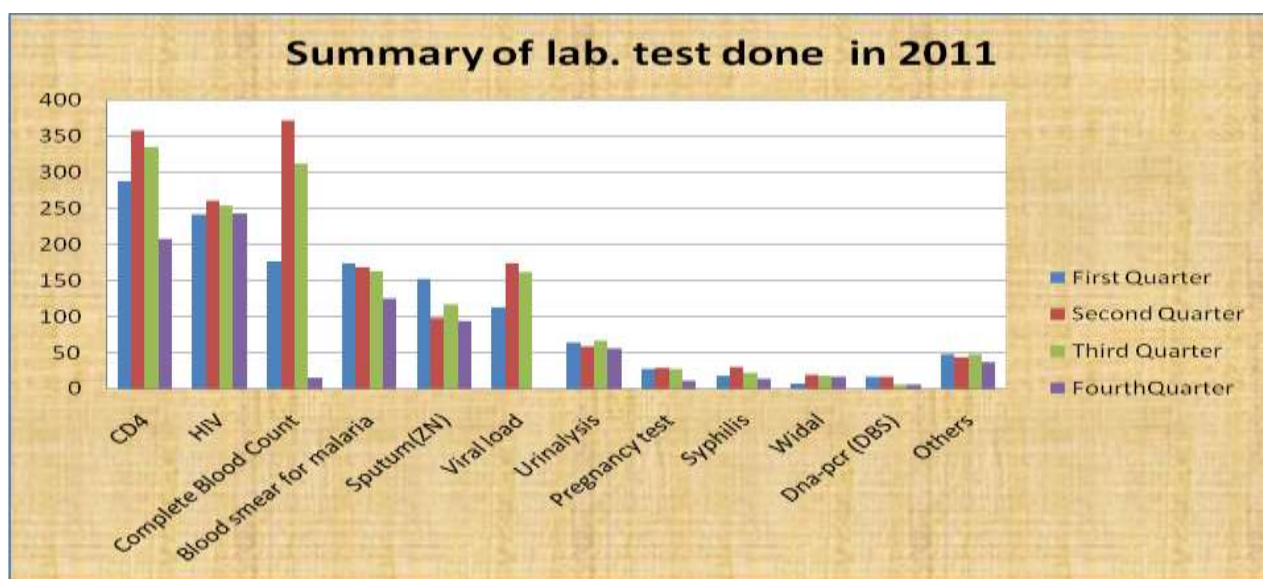
KHC appreciates the central public health laboratories for having enable us to receive EID test results in time compared to the previous years were they used to delay results diagnosis was difficult.

Indicators	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter	Total
No. of active PMTCT Mothers	52	54	64	65	65
New mothers	11	07	17	07	42
No mothers assessed for ART	06	06	06	05	23
No of mothers on ART	50	49	59	62	62
No of deliveries	6	03	07	01	17
No of Infants died after birth	0	0	0	0	0
No of infants given ARVs	6	03	05	06	20
No of infants received Septrin	08	02	06	06	22
No of infants tested HIV Negative	05	03	11	07	26
No of infants tested HIV positive	01	00	01	00	02

Table 8: Above shows the numbers of clients who received PMTCT care.

2.2.8 Laboratory

In the year, we registered 5296 laboratory tests of which 32% were out sourced while 68% were done on site. The outsourced tests include mainly CD4 cell counts, viral load and DNA test for HIV diagnosis in infants.



Graph 3: below shows the number of tests done by per quarter.

Achievements

1. Attained 100% performance in proficiency testing in the HIV program which is carried out by Uganda Virus Research Institute (UVRI)
2. Successfully conducted a customer satisfaction survey on the internal customers and the result were overwhelmingly good.
3. Able to compile SOP for most tests in the laboratory

Challenges

Insufficient work space in the laboratory

Less staff (2 only) in the section

The laboratory is under equipped, we need more machines to analyze blood samples

Way forward

To have a well-stocked/equipped laboratory so that it is self-sustaining thereby reducing on the outsourced tests

3.0 COMMUNITY AND SOCIAL SUPPORT PROGRAM.

The community & Social support department throughout this year invested its efforts in serving patients and the community in general through OVC support, adherence support, CBDOTS, psychosocial support and sensitization. The patients and the community are directly benefiting from the services offered.

3.1 Community Network of Care

Community net- work of care consists of community health workers called VICTASS (Volunteer in Care and Treatment of TB, AIDS Support System). We have 20 community workers who are actively rendering services to the community through home based care, adherence support, CB DOTS and TB education in homes and they have ensured that the clinicians see all patients who are sick at home as we can see in table below;

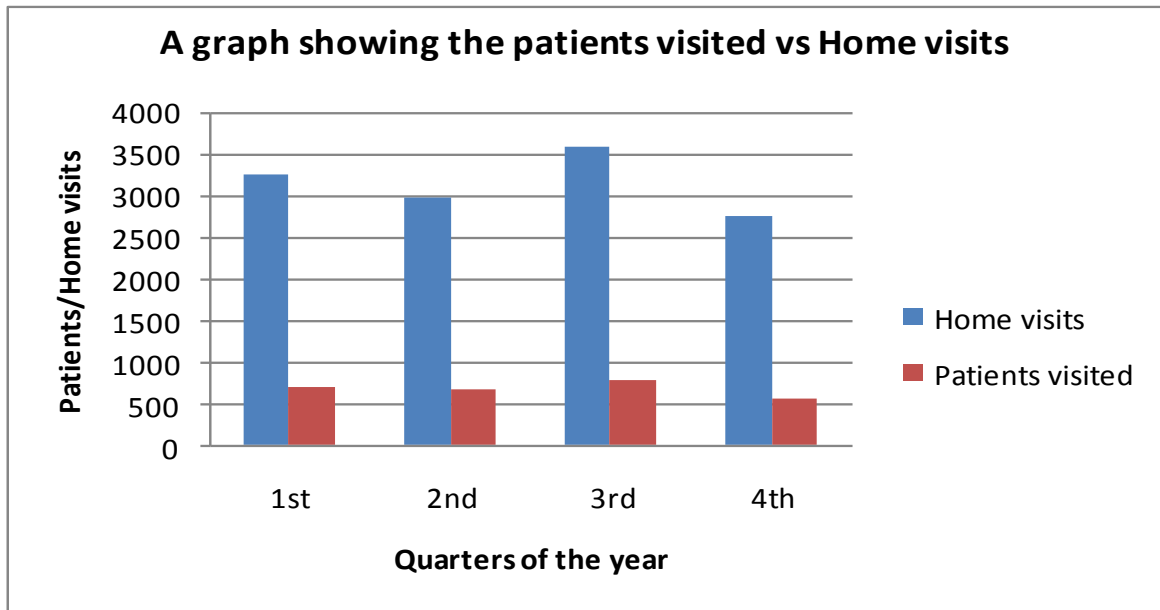
Activity	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Home visits	3261	2964	3570	2750
Patients seen	706	674	766	560
TB patients	74	76	71	58

Table 9: Shows the patients served in the different quarters of the year

3.1.1 Medication adherence support

Drug adherence is done through counting pills of the drugs every time the community health workers visit the patients. The number of home visits has gone down especially in the 4th

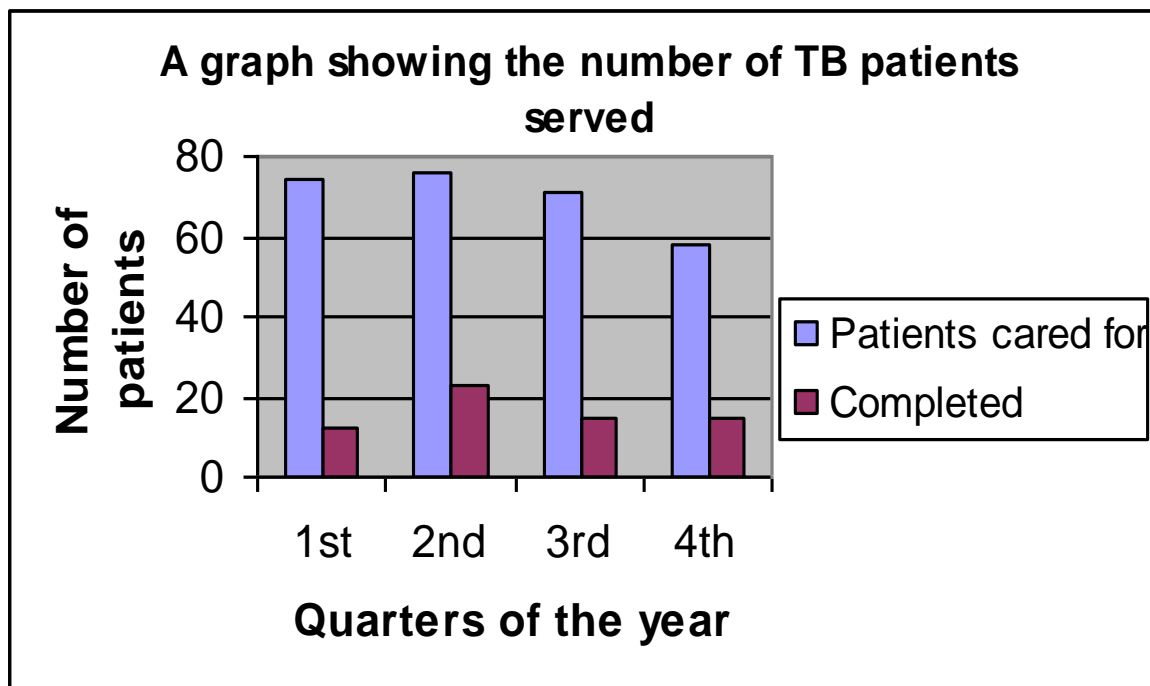
quarter because we lacked funds to run the community workers' activities like transport and air time as we see in graph below;



Graph 4: Showing the patients served in the year 2011

3.1.2 Community Based DOTS

The community network of care supported the patients on TB treatment by offering CB DOTS. Many of our patients are cured and therefore we would like to thank the community workers, clinicians and social support team for supporting the TB patients.



Graph 5: showing the TB patients served according to quarter.

3.1.3 Home Based Care

Palliative home based care activities carried by community health workers help many of our bedridden patients become better and even go back to their jobs as in the picture below;



Pic 6: Patient very sick at home

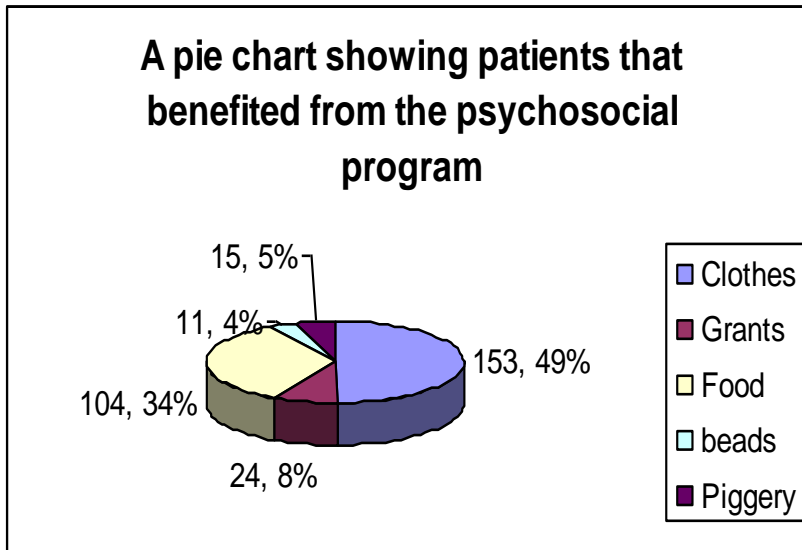


The same patient back to work

These activities included pain control through administering morphine and other medicines for opportunistic infections, psycho-social counseling, adherence support, washing clothes, preparing meals and feeding the patients and spiritual support. Our thanks goes to home care team that always composed of a counselor, community worker, clinicians and not to forget the patients' relatives.

3.3 Psychosocial Support

The social section offered our clients grants, food, projects like piggery and the beads. A total of 307 clients benefited from the support. Beads project support 11; food support 104, Grants 24, 153 received clothes and 15 are in the piggery project as below;



3.3.1 Beads for Education

The project for the year 2011 has undergone a lot of change structural, quantity, quality and even market has expanded. Uniquely the local sales were approximately two million shillings



per month which is the biggest achievement ever. Secondly a beads shop was set up with the great help of Lorrain the beads technical advisor. The shop was well arranged and attractive.

We wish to thank all the BfE Ambassadors in Europe and America for the supporting the program tirelessly through the selling of beads. We appreciate the finance department of KHC for their co-operation and support in ensuring that beads are bought on time, and with this new structure in place the

bead makers are now paid all their money timely on the fourth of each months. The beaders have appreciated being paid on time and knowing how much income they will receive the next month. Ruth in the picture is the in charge for the beads project. Her new position is entrepreneurship coordinator. She will also be in charge of all income generating projects intended to improve the live persons living with HIV/AIDS.

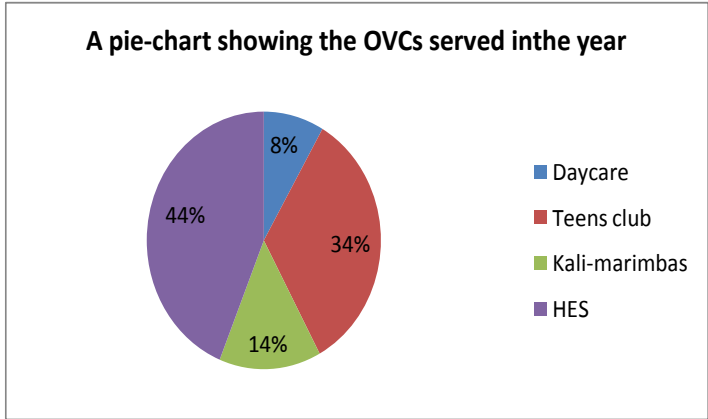
Challenges

Maintaining up to date fashionable jewelry and innovative new products of a consistent high quality is still a challenge. Secondly the reduction in the beads sales both locally and internationally.

A Christmas party, for the beaders and staff, was held at Mateos on Kampala Road. Everyone enjoyed good food, drinks, cake and conversation. The beaders where given a small Christmas gift and cake was cut as we see in the picture. The function was funded by donations from our friends and BFE

3.4 Orphans and Vulnerable children

The Orphans and Vulnerable Children section has been vibrant this year. The section received many visitors, gifts and old friends came around to see the children. It has retained all the subsection though the Teens Club has not been so active. The OVC has 19 children in day care, 100 on the Home Care Education Support, and 32 on Kali-marimbas and 77 in the Teens club as below;



3.4.1 Day Care

The Day Care program has children between the ages of 2 to 5 years and its members graduate every year to join the Home care education support. The day care has offered psycho-social support, play therapy, nutritional support and physical support to the infants living with HIV. Throughout the year, the daycare has achieved lots of success like the children’s health has improved, 5 of them joined school and their performances are very exciting, the children are more loving and caring for one another. Special thanks to our friend and volunteer Inger Darflot who has continued to mobilise resources for the day care and the Christmas party as shown in the pictures below.



Pic 7: Day care enjoying the bouncing Castle



Members cutting the party cake

3.4.2 Teens Club

As we mentioned above, the Teen’s club faced the challenge of lacking funds so it has not been active for almost half a year. However, the clubs still met to discuss among themselves, others were seen by counselors at individual basis. A total of 77 teens were served throughout this year. Secondly 20 of club members attended a training on primary careers which was conducted by Esther a German medical student which enabled them monitor their adherence and that of their parents.

3.4.3 Kali-marimba

The Kali- Marimba consists of both positive and negative children. The dance group now has an active number of 32. The group has been extremely active and their shows have greatly improved because last year, they staged a show at the international school Bukoto which put the club at the international scene. Back home, the Kali-marimbas put across lots of

performance for example at the visit by members of the Lion club Norway and the US embassy grant closure as we can see below;



We like to thank the administration, Inger Darflot and Anni Fjord for the financial support given to the group and we hope to start generating our own incomes.

3.4.4. Home Care Education Support.

HES program by end of the year it had 100 members. However, we regret the death of Nayiga Angela who passed away in December, 2011 May God grant her an eternal rest. Members of HES were visited by Tom and Carol who awarded each one of them a certificate congratulating them upon completing the academic year 2011. This took place at Botanical gardens in Entebbe during a Christmas party which too was sponsored. About 85 members attended the party.

4.0 CAPACITY BUILDING - TRAINING

- Kawempe Home Care has continued to carry out Trainings in Continuous Medical Education (CME) for all medical team. The counselors are also undertaking a CCE; they meet every Tuesday and discuss the different aspects of counseling.
- Palliative Care Association of Uganda (PCAU) invited KHC for a palliative care update on Breast cancer for early diagnosis and treatment. They emphasized the role of routine checkups and self-examination. Two members of KHC attended and they acquired skills on how to screen clients for breast cancer.
- The infectious diseases institute (IDI) also organized on job training in logistic management of ART so as to improve on the quality of our service delivery. This training was also extended to the pharmacy, lab and clinic.
- The community volunteers had refresher course on CB DOTS and home based care 24 VICTASS trained, 6 VICTASS were new staffs. They were trained on ARVs, managing patients with bed sores in the community, emergency treatment on managing diarrhea, stress management and counseling techniques among others. They were also trained on training of trainers this equipped them on communication skills and how to present themselves in the community.
The community workers were trained in
- There was a 4th national pediatric conference at hotel Africana, the theme was prevention of further spread of HIV, emphasis put on prevention of mother to child transmission of HIV (PMTCT). KHC was represented by six staff members, more knowledge on PMTCT was acquired, new skills and techniques in handling children with HIV/AIDS, including psychological and emotional support to children

Leadership training was organized for all manager and section leaders at Fairway Hotel Kampala. The training was sponsored by Carol Menzies from Australia

BTC organized proposal writing workshop at Hotel Diplomat Kampala. Assistant administrator and the project coordinator acquired skill in proposal writing project planning and management

Throughout the year, many more trainings took place that has not been highlighted and all the staff was well equipped with knowledge and their capacity was also built. Appreciation to the training coordinator and administration for organizing the trainings for the staff.

5.0 NETWORKING AND PUBLICITY

Although Kawempe Home Care is well-known for its tremendous efforts toward fighting HIV/AIDS in Kawempe Division of Kampala District Nangabo sub-county in Wakiso, there will be more need for KHC to promote itself far more vigorously to attract the attention of more donors, not only in terms of what the organization can provide in the way of raising public awareness but also in its capacity to accommodate more patients and professional support mechanisms that's, why the year 2012 it is going to come up with a new promotional strategy.

Friends of Reach Out (FORO)

We are extremely grateful to our Friends all over the world and in particular Friends of Reach Out (FORO) for the love, and support they gave us this year. They gave us a grant to support our clients and this included transport of clients to hospitals, food support, provided medications for opportunistic infections that were distributed free of charge to all clients gave us grants for small businesses of our clients which has enabled them be self-reliant rather than being total dependents. During the last quarter, FORO gave us an emergence grant to cater salaries for some key care providers. This enables the stable to continue providing support to our patients. May the almighty Lord reward you abundantly!

Infectious Disease Institute – KCCA project

We are tremendously happy for the support extended to KHC by IDI, through the CDC (Centers for Disease control) funded KCCA project. In the last quarter of the year we were privilege to sign a contract with Infectious disease institute. Through this partnership we are now able to do HIV counseling and testing in the community and support our patients with anti-retro-viral medicines. We are also grateful for the significant human resource support received through this partnership.

US Embassy

Thank you US Embassy for supporting KHC for the last three years. The US Embassy greatly helped us in supporting palliative care programs; the OVC programs, schools and community sensitization transport, training materials for community programs, supported our Teens club, Angels Youth Network and Daycare Programs for HIV positive children. They also funded a SMS adherence project for clients on ART. We were also glad to receive the small grants coordinator Mrs. Connie Hansen who came to officially close the three year project.

The Great Generation

This year we had a very rich interaction with our friends the Great Generation (UK), who sent us volunteers from the MBA class at the University of West Minister. The volunteers worked with us to develop a resource mobilisation strategy and also improve on our finance management

systems. This partnership has been very helpful in helping us build capacity of our program and we look forward to many more projects with them.

African Palliative Care Association (APCA)

Great Thanks go to APCA who provided KHC with funds for palliative care services for 200 children and young people with HIV/AIDS and transport for palliative care team. They also provided a large amount of medicines and medical equipment from Direct Relief International (DRI)

The Palliative Care Association of Uganda (PCAU)

We are still working closely with PCAU. Through this partnership we are still getting oral morphine for pain control from the Ministry of health. Meanwhile we have maintained our links to Hospice Uganda for training and the Cancer Institute also provides the medication to our clients who are enrolled in their care. PCAU invited KHC for update meetings where members shared different ideas on how to support clients wholeheartedly. We are proud to have been part of the National palliative Care conference that took place at Imperial Royal Hotel in Kampala. Kawempe Home Care presented three abstracts.

Hope for Children

Hope for Children has continued a great partnership with us through giving us a grant to improve the infrastructure in Kisangani outreach clinic (paid rent for the Kansangati clinic), provided quality medical care and also covered part of our administrative costs. We are working closely to get more support for the patients. We extend our sincere gratitude to them for the support given to us. We were so grateful.

Ministry of Health (MOH)

The Ministry of Health AIDS control program has continued to support our clients with antiretroviral medicines, TB medicine, Fluconazole and other technical assistance. They have promised to provide us more technical support and medicines for treating opportunistic infections. We were also delighted to be given an opportunity to present our work with HIV implementing partners at a meeting organised by the AIDS control program.

6.0 ADMINISTRATION AND FINANCE

The year 2012 was a year of incredible growth and challenges for Kawempe Home Care. We are thankful to the generosity of our friends and donors for keeping our organization afloat during the recent world economic crisis. The commitment of our friends: both individuals and organizations have enabled us to respond to the many challenges we face, as we battle HIV/AIDS, cancer and TB in the communities. Friends of Reach Out (FORO) covered the financial gap at a time when the organization had no funds to pay salaries. We thank you for your immediate caring response when the organization could not stand without you.

6.1 Administration

We have worked extremely hard, despite numerous challenges in our daily operations. We remain committed to reaching our goals of; building a better work environment and strengthening the capacity of our staff. Our efforts in this direction have had many positive effects throughout the organization.

Thanks to grants and donations, we were able to scale up on our activities focusing on our clients and OVC projects. New programs for Care of HIV+ children under 6 that were

established with the support of our friends from Norway have continued to bare fruits. It has been a great success. The day care program, combined with psychosocial, medical and nutritional support has improved the quality of life for the children.

KHC now has an updated website and this serves as a resourceful tool to share information, achievements, challenges and future plans with all our partners, donors and friends.

6.2 Human Resource:

Maintaining human resources was the greatest challenge of the year due to limited funds. We were forced to reduce on the manpower 34 permanent staff to 25. We managed to maintain our 20 community volunteers who also receive monthly stipends. We have had 2 International volunteers who have been very helpful in supporting the clinic and Beads for Education project activities. We extend our sincere appreciation to them for their support and care to the poor and the most vulnerable. May the lord bless them. The list below shows the staff and volunteers who served during 2011.

NAME OF STAFF	MEDICAL DEPARTMENT
Apio Joanita	Pharmacy Assistant
Asingwire K Jacinta	Counselor
Bujingo Alex	Clinician
Kayizi Shafic	Laboratory
Kristina	Clinician/ Volunteer
Mwije Justus	Counselor
Nanfuka Ursula	Clinician
Nanozi Aidah	Clinician
Sarah Komugisha	Clinician
Tusiime Alicitidia	Counseling Coordinator
Wakuba Habert	Clinician

NAME	ADMINISTRATION DEPARTMENT
Baguma Godfrey	Transport officer
Nabisbo Mary	Store Keeper
Nakabugo Rashidah	Administrative Assistant
Nalwanga Resty	Data clerk
Niwagaba Gerever	Project Co-coordinator
Ongala Simon	security
Patience Orishaba	Procurement and Logistics
Ruth Asiiimwe	Monitoring & Evaluation.
Samuel Guma	Executive Director
Tumwiine Elias	Accountant

COMMUNITY	
Kigongo Prosy	Community Network of Care
Larrain Kirk	Technical Advisor (BfE)
Lukwaya Mukwaya	Community Network of Care
Matovu Charles	Community Network of Care
Mugambe Ronah	Community Network of Care
Musimenta Ruth	Enteprenureship coordinator
Naigaga Getrude	Community Network of Care
Nakivumbi Teddy	Community Network of Care
Nakyazze Joyce	Supervisor
Nalwoga Christine	Community Network of Care
Namazzi Sarah	Community Network of Care
Namboze Jalia	Community Network of Care
Namirimo Oliver	Community and Social support Manager
Namuddu Joyce	Community Network of Care
Namulinda Zainah	Supervisor
Nankya Maria Assumpta	Community supervisor
Nayiga Christine	Community Network of Care
Nayiga Stella	Community Network of Care
Ninsiima Amelia	OVC supervisor
Ntabadde Rebecca	Community Network of Care
Sanyu Naggita	Community Network of Care
Sekasi Allen	Community Network of Care
Siminyu Patrick	Community Network of Care
Ssentamu Joseph	Community Network of Care

Table 10: Shows the staff and volunteers of KHC 2010

7.0. FINANCE REPORT

Kawempe Home Care is grateful for the support that we have received from our donors through grants and private donations. We thank our long time funders the Friends of Reach Out (FORO) USA, Hope for Children (UK), US Embassy small grants, Culture without borders (DK), IDI-KCCA project, Samaritan Hospice (USA), the Great Generation (UK), the True Colours Trust (UK) with the African Palliative Care Association. The Beads for education project has also given us some significant income for our school fees project and palliative care activities.

The accounts are managed by our skilled accountants who went through more training in accounting packages to add on more knowledge especially in accounting of activities. Effective

controls have been put in place by the finance team and directors to ensure that expenditures and incomes are properly recorded and receipted. We have also completed our external audit for the financial year 2010/11.

The table below gives a summary of our income and expenditure through 2011.

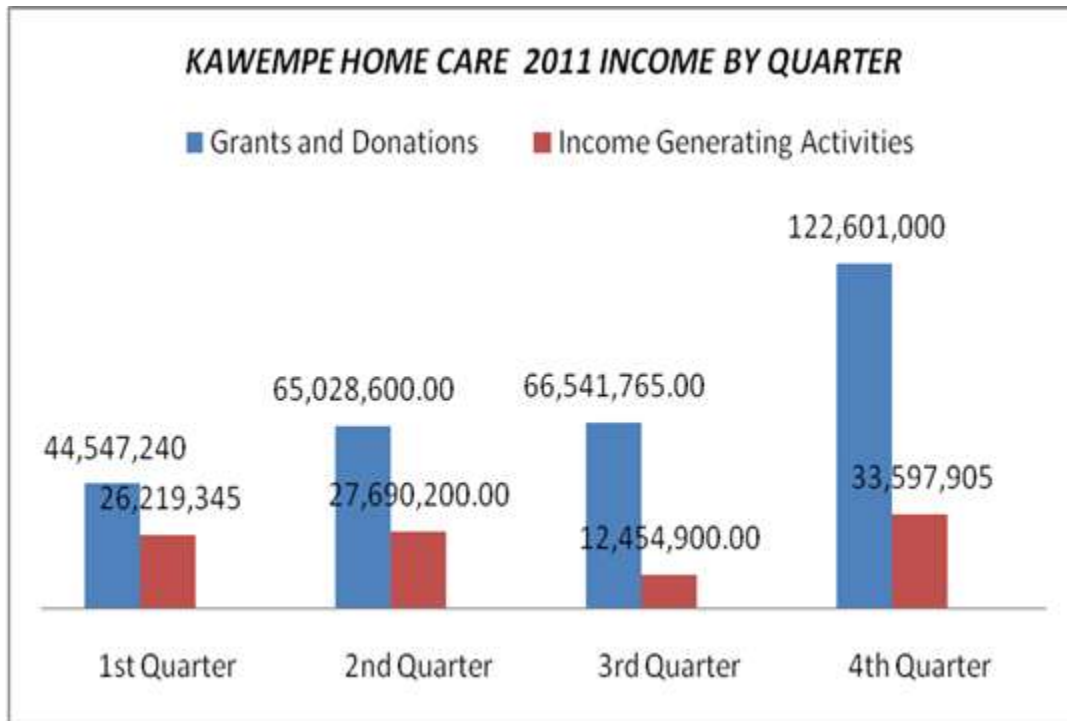
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	
Category	Amount (Shs)	Amount (Shs)	Amount (Shs)	Amount (Shs)	Totals
Income					
Grants and Donations	44,547,240	65,028,600.00	66,541,765.00	122,601,000	298,718,605
Income Generating Activities	26,219,345	27,690,200.00	12,454,900.00	33,597,905	99,962,350
Total	70,766,585	92,718,800.00	78,996,665.00	156,198,905	398,680,955
Expenditure					
Administrative Costs	8,073,500	14,564,600.00	9,920,649.00	11,996,471	44,555,220
Operational Costs	79,594,117	72,057,722.00	65,196,627.00	86,309,543	303,158,009
Capital Costs	1,554,000	1,317,500.00	2,420,000.00	2,490,000	7,781,500
Total	89,221,617	87,939,822.00	77,537,276.00	100,796,014	355,494,729

Table 11: Kawempe Home Care 2011 Financial Report at a glance

The financial report is divided into two categories of Income and Expenditure. The income category is further divided into Awards (Grants) Income, and Income Generating Activities and the expenditure category is divided into Administrative Cost, Operational Cost and Capital Cost.

7.1. Total Income

The total income during this period of 2011 amounted to **UGX 398,680,955.00**. for all quarters in the year compared to the previous year 2010 where it was **346,485,174.00.UGX**.The accounting of activities and achievements were made possible by the generous support of our friends, donors and our own contribution from income generation activities.



Graph 6: Kawempe Home Care 2011 Income by Quarter:

7.2 Awards (Grants) Income

These funds come from the contributions of our friends the donors. We are particularly grateful to IDI, Friends of Reach Out, US Embassy, and Hope for Children, APCA and Culture without Borders whose generosity we enjoyed in 2011. We are also indebted to our individual donors, who contributed much to keeping our children in school, providing medicine for our clients; and for the support of our operational and administration costs which are so vital but not funded by other donors. During 2011, we received a total of **UGX. 298,718,605.00**. This accounted for 75% of the total awards Income.

7.3. Income Generation Activities

Our Income Generation Activities have continued to flourish over the years. The contribution of Income generation Activities has expanded to 25% of the total Income which is **UGX 99,962,350.00**. We are particularly indebted to our clients who make the beautiful beads from recycled paper. In special ways we are grateful to our friends in the Denmark, Norway, Australia, US, the United Kingdom and Iceland who support us by buying the jewelry from our beads for education project. We also have the other income generated from the motor bikes that support both motorbike riders and our community.

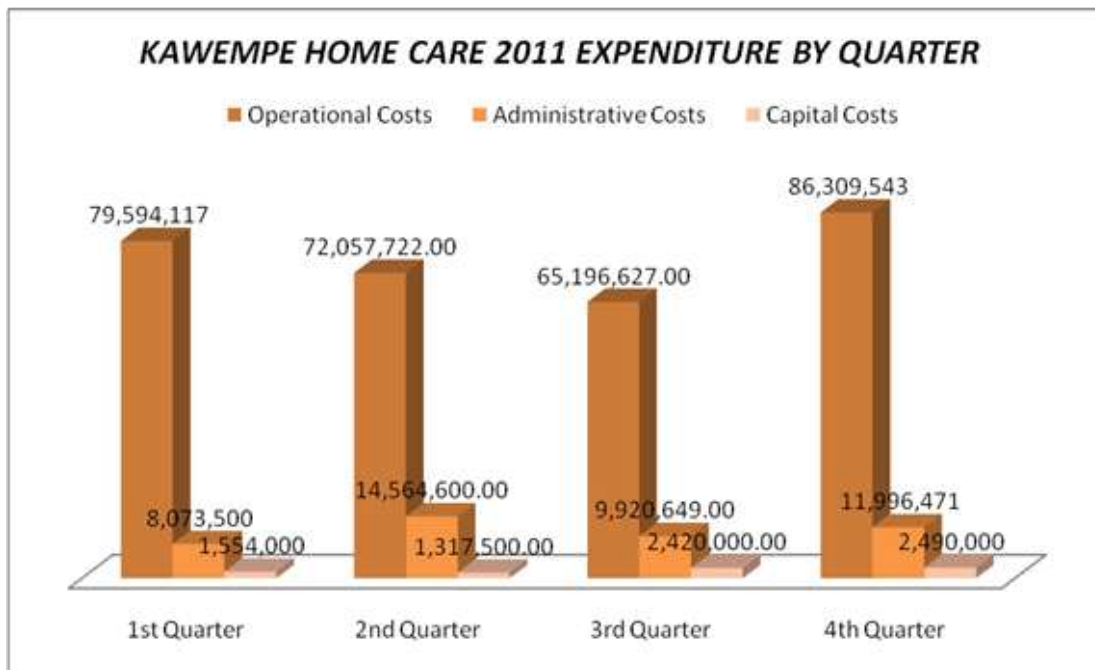
7.4 In-kind Donations

We recognize the invaluable contribution of our over 50 volunteers who give in their time and energy which we cannot compute in monetary terms. These work tirelessly to ensure that our clients are looked after and are in good health.

We happily thank the Ministry of Health and IDI, that provided the much needed ARV medicines for our clients and AIC for free HIV testing kits and condoms. This is a very big contribution which we have not computed in monetary terms. We are grateful to all international volunteers and friends for their contribution of in kind donations in the form of computers, second hand clothes for our clients and children, furniture (3 office chairs), 2 fire extinguishers, noticeboard, a fan, stationary, medical and laboratory equipment's.

7.5. Total Expenditure

Our total expenditure of the year 2011 came to **UGX 355,494,729.00** for all quarters. These were sub divided into Administration costs, Operational Costs and Capital Costs.



Graph 2: Kawempe Home Care 2011 Expenditure by Quarter.

7.6. Administration Costs

One important principle we value is to use the vast majority of our funds for expenses that directly go to clients for medicines, laboratory tests, and emergency food support among others. We therefore keep our administration costs below 15 percent of the total expenditure. In the

year 2011, our Administrative costs came to a total of **UGX 44,555,220.00**. This represents 13% of our total expenditure. The administration costs were used to pay for utilities; water, electricity, Internet, providing lunch for our volunteers as the clinics work daily, stipends for our cashier, cook, and cleaner as well as paying for paper based office supplies.

7.7 Operational Costs

The Operational Costs came to **UGX 303,158,009.00**. This represents 85% of our Total Expenditure as we put at the centre of our attention are clients and their families. We spent these funds on: Clinical investigation (for example. tests, X-rays, Scans, admission/referral, transport, salary/stipends for clinical staff). Community Support (for example. travel costs, Teens club, Golden Vessel – drama group activities, stipends for VICTASS, Angels Network. With the support of the US Embassy, we obtained a motorbike and we fuel it to move around community workers in the field to home visit clients and also monitor their adherence.

Social support to clients and families (for example; transport, School Fees for orphans, food for our bedridden clients to enable them take their medication, household support, grants to enable our clients start small income generating activities and meet their rent obligations) Training for staff and community volunteers; Laboratory (example; Laboratory supplies, stipends for lab. technologist); Medicine (for example; all medicine for Opportunistic Infections and others.); Other Operational Costs (membership fees, office rent, fund raising costs)

7.8. Capital Costs

In the year 2011, our capital costs stood at 2% of the total expenditure. We spent **UGX 7,781,500.00** on the following; purchasing a tent for HCT (HIV Testing and Counseling) to protect our clients as they wait in the very hot sun in Kawempe, we also managed to purchase a water heater, water dispenser, maintained our equipment; computers repairs, vehicle and motorcycle repairs in order to keep costs low and ensure effective use of resources. This has enabled us to keep accurate data and give timely and transparent reports enabling us computerise the organization's work.

8.0 ACKNOWLEDEMENTS

We would like to acknowledge the whole team of KHC who are working together in every step of the way, the immense contribution of all our Friends from all over the world, International volunteers, partners and donors who have contributed funds to our organization: The US Embassy in Uganda, Friends of Reach Out (FORO), Hope for Children (UK), Walley and Witter

family, Home Bush High school, Culture without Borders, The Great Generation, Samaritan Hospice, True Colours Trust – African Palliative Care Association and IDI who have supported us and made us sail through the tough year 2011.

We would also like to thank our Board of Directors who served on the board during this struggling year 2011. The private donors and beads ambassadors Anni Fjord, Inger Darflot and her friends from Norway, Elin Aune, Jacqueline John, Chris, Ragna Björg Guðbrandsdóttir, Iorrain Kirk, Christine, Sinead Walsh, Claudia Giampietri and her aunt Graziella, Dr. John Walley, Danny Witter, Carol Menzies and Tom Kieran together with students of Home Bush School, Margaret Menzies, Dr. Patti, Lions Club of Norway, The Soroptimist Club Tarm/Skjern, Lidka and her friends, for their donations and friendship that help us to carry out activities at our best and provide care to all needy.

8.1 Challenges

Kawempe Home Care continues to move activities though we encountered some challenges. Some of our funders have stopped funding the project thus a need to find more funding to continue some of the activities, so we are seeking new sponsors to assist us.

The support of stipends for staff as a whole has been a major challenge this year, but thanks to IDI and FORO who saved us with the emergency grants to cater for staff stipends.

Currently, the country is experiencing an electricity crisis and load shedding which has caused a challenge to our work. Thank fully last year we bought a generator but the costs of fuelling it for almost 24 - 30 hours a week is really huge. This has greatly jeopardized our work in one way or another. Going forward these needs of our patients need to be addressed adequately to ensure better quality of life and treatment. Our major focus in the year 2012 is to seek additional funding to acquire our own piece of land for our Organization. We anticipate that this will lead to even better outcomes in the years ahead.

8.2 Conclusions

Despite a few challenges faced here and there, KHC has not lost hope, it has continued to care with love and compassion for the sick and vulnerable children. We are committed to long term sustainable comprehensive and palliative care services. There is still need for more good Samaritans to make us sail through the next years to come. We also testify that love can always

be unconditional and together with all of you, we have managed to maintain the quality of life of our clients and we have made a very big difference in their lives with love, hope and care as we enter the New Year.

The struggle still continues; have a wonderful 2012.

Prepared by: Elias Tumwiine and Rashidah Nakabugo