ANNUAL REPORT 2013

Heart & Soul: Ms. Namuddu Joyce Weds Mr. Bivugire John ceremoniously

Pro. John Walley visits Home Care education support

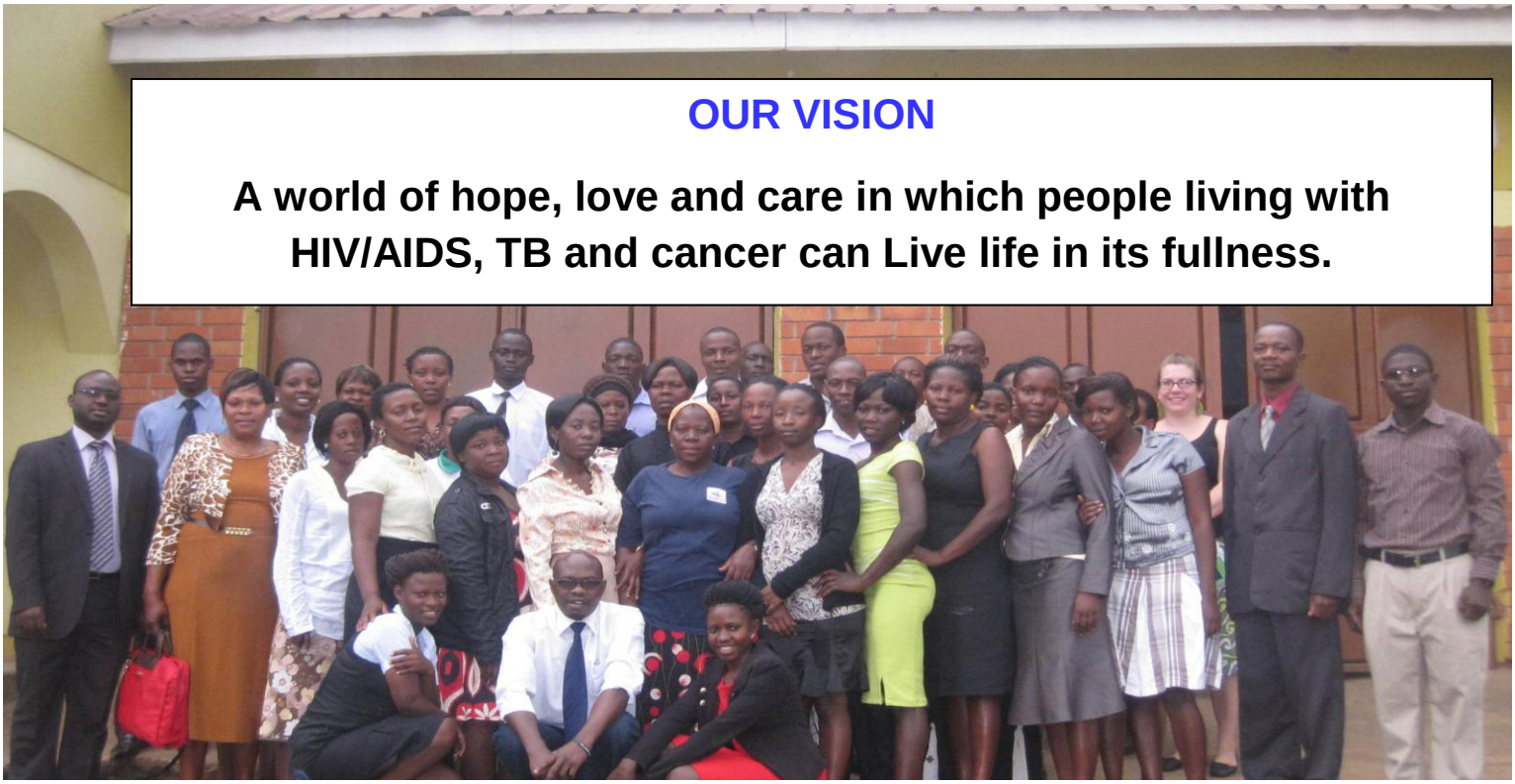
Samaritan Health Care & Hospice team New Jersey visits KHC & donates medical equipments & palliative care medicines

KHC provided comprehensive holistic care & treatment to 1,762 persons living with Cancer ,Aids & Tb in the community in 2013.

Ms. Nabisibo Mary Scoops the Best Employee award 2013

Caring for the terminally ill

KHC team carry out community HIV testing & counseling



OUR VISION

A world of hope, love and care in which people living with HIV/AIDS, TB and cancer can Live life in its fullness.

MISSION

To improve the quality of life for people living
With HIV/AIDS, TB and cancer through creation of sustainable
Community based model of holistic care that comprises of treatment, prevention and support.

OBJECTIVES

- To provide comprehensive holistic care to people living with TB,HIV/AIDS and cancer in the community
- To provide care and support to AIDS orphans and vulnerable children to enable them have better opportunities in life
- To train health professionals and health workers in basic palliative care
- To provide information, education and communication to foster positive behavior change that results in a reduction of the spread of HIV

Core Values

Compassionate care. Honesty. Integrity,
Accountability. Transparency. Excellence. Non discrimination.
Commitment to empowering and developing people to their optimum potential.

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LIST OF ACRONYMS

AIC	**AIDS Information Centre**
AIDS	**Acquired Immune-deficiency Syndrome**
ART	**Antiretroviral Therapy**
ARV	**Antiretroviral**
BfE	**Beads for Education**
CB-DOTS	**Community Based Directly Observed Therapy**
CBO	**Community Based Organization**
CME	**Continuous Medical Education**
DNA	**Deoxyribose Nucleic Acid**
EMTCT	**Elimination of Mother-to-Child Transmission**
FORO	**Friends of Reach Out**
HAART	**Highly Active Anti-Retroviral Therapy**
HAU	**Hospice Africa Uganda**
HBCT	**Home Based Counseling and Testing**
HCT	**HIV Counseling and testing**
HES	**Home Care Education Support**
HIV	**Human Immunodeficiency Virus**
IDI	**Infectious Diseases Institute**
KHC	**Kawempe Home Care**
MAUL	**Medical Access Uganda Limited**
OI	**Opportunistic Infection**
OVC	**Orphans and Vulnerable Children**
PCAU	**Palliative Care Association of Uganda**
PCR	**Polymerase Chain Reaction**
PEP	**Post Exposure Prophylaxis**
PEPFAR	**US Presidents Emergency Fund for AIDS Relief**
TB	**Tuberculosis**
VICTASS	**Volunteers in Care TB treatment and AIDS Support System**
WHO	**World Health Organization**

KEY DEFINITIONS

Case Conference – the medical team comes together to discuss the challenging conditions of patients and the ways of handling them.

Community Based Directly Observed Therapy (CB-DOT): A TB treatment support strategy that ensures that patients are observed while taking their TB medicine.

Continuous Medical Education (CME): The continuous training done by the medical team to learn developing areas of their field, new recommendations by MOH and maintain competence.

Day Care: Children below the age of 5 years of age living positively with HIV/AIDS. The program helps on the follow-up on children's psychological, physical health, and adherence to medication. These children meet every Wednesdays at KHC centre to participate in the daycare activities

Home Care Education Support (HES): The HES program provides psychosocial support to the families that are suffering the effects of HIV/AIDS in form of guidance and counseling, school fees, basic scholastic materials and at least one hot meal per day to the children.

Kalimarimbas: A music, dance and drama performance group which consists of both HIV positive and negative people who are affected by HIV. It targets to break the barriers between HIV positive and negative children.

Orphans and Vulnerable Children (OVC): A section under the community department with programs by the organization as interventions into the issues of the OVC. The interventions include daycare, Kalimarimbas and Teens club.

Palliative Home Based Care: is the care given to the bedridden patients from their homes in order to relieve them from symptoms, pain and stress of illness and improve the quality of life for both the patient and the family. It is done by the clinicians, counselors and the VICTASS

Social support: This is the support rendered to poor clients to help improve the quality of life. This can be in form of food, small grants to start up businesses, clothes or involvement in KHC income generating projects.

Teens Club: it comprises of children between the ages of 6-18 years who are living positively with HIV/AIDS

Volunteers in Care TB treatment and AIDS Support System (VICTASS): A group of community workers who give adherence and psychosocial support to the patients in the community.

FOREWORD.

Dear Friends and Partners,

On behalf of all the members of the Board, I warmly welcome you to read the Kawempe Home Care (KHC) annual report 2013. In the same spirit allow me to unreservedly thank you all for the great moral, technical and financial support that you have provided to KHC during the year.

As KHC we are now in our sixth year of operation and as the Board, we envisage this as a phase where professionalism will be key in enhancing our corporate culture as an organisation and taking our work to the next level. In this respect staff capacity building has been a major focus of the management team and I gladly report that great strides have been made to this effect in the year 2013 with trainings in leadership and management skills, strategic planning, monitoring and evaluation for the senior management team.

In March 2013, KHC hosted a team of staff members and volunteers from the US Hospice partner, Samaritan Health care and Hospice. They provided palliative care training, donated medical equipment and they provided school fees support to a number of children orphaned by AIDS. This partnership is going to be of great benefit in building capacity of the KHC team to provide palliative care for AIDS and Cancer patients.

The provision of compassionate holistic care to our patients has been our major focus this year and going forward the KHC team will continue to be guided by this basic principle in all the decisions made. The board pledges to continue working hard to support this wonderful initiative that has relieved pain and suffering for very many families affected by AIDS and Cancer.

The Board is thankful for the support from partnerships with the US Presidents Emergency Fund for AIDS Relief (PEPFAR) and the Center for Diseases Control (CDC) who have provided the bulk of the financial support through the Infectious Diseases Institute, Makerere University (IDI). The partners in the United Kingdom namely Hope for Children, the Innocent Foundation (UK) and the Witter Trust for the great support for our outreach and livelihood projects. We also appreciate HorizonT3000 – the Austrian Organisation for Development Cooperation, Culture without Boarders and Soroptimist group of Denmark and all private donors and volunteers.

In 2014, we will embark on a great task of raising funds to buy land for our future home. This is a daunting task but we have faith that with your support, over the next few years we will be able to provide quality palliative care services to our patients in a spacious and private environment with first class hospitality from the KHC team. I therefore call upon all our friends, partners and volunteers to support us in this project.

I wish you all a prosperous 2014.

Yours truly

Aloysius Byaruhanga Mwesigwa
Chairman, Board of Directors

Moved by love

EXECUTIVE SUMMARY

Dear Friends and Partners, It is with great pleasure that I share the Kawempe Home Care, annual report 2013. KHC has now been in operation for six and half years and the organisation has continued to grow and evolve into a centre that provides community based holistic care for people with HIV/AIDS, Tuberculosis and Cancer. Since inception, KHC has provided holistic care to 3,230 clients and at the end of the year, 1762 were active in care and 1053 of them were on antiretroviral therapy.

One of the great successes of our work this year was the elimination of mother to child transmission of HIV (EMTCT) program. 100% of the HIV exposed children who were born in our care were found to be HIV negative at 18 months of age. This success is greatly attributed to the community volunteers who play a big role by educating the mother and family about HIV and EMTCT. They also provide ongoing psychosocial support to ensure that the mothers adhere to the clinicians' advice on breast feeding and antiretroviral therapy adherence.

Staff capacity building at all levels in the organisation was high on the agenda this year and with the support of one of our partners HorizonT3000 (The Austrian organisation for international development) great strides were achieved in provision of psychosocial support, child protection, communication and public relations. The organisation also went through an organisational development process that aimed at making our work processes more efficient.

This year KHC was privileged to host the President of the Open Society Foundation, Mr. Chis Stone who visited to assess the impact of the partnership between KHC and the palliative care association of Uganda (PCAU). KHC in partnership with PCAU made a palliative care documentary that was aired on NTV Uganda. This was done to create awareness in preparation of the 5th Biennial PCAU conference.

KHC has continued to enjoy a great relationship with its funders/supporters. We greatly appreciate the support given by the US government (PEPFAR/CDC) who provide most of our funding through the Infectious Diseases Institute (IDI). HorizonT3000, Hope for Children (UK), the Innocent Foundation (UK), Samaritan healthcare and hospice (USA), the Funding Network in London the ministry of health and culture without borders (DK). We greatly appreciate the support the many friends and families in Australia, Norway, USA, Denmark, Iceland and the United Kingdom who directly sponsor children or sell our beautiful beads.

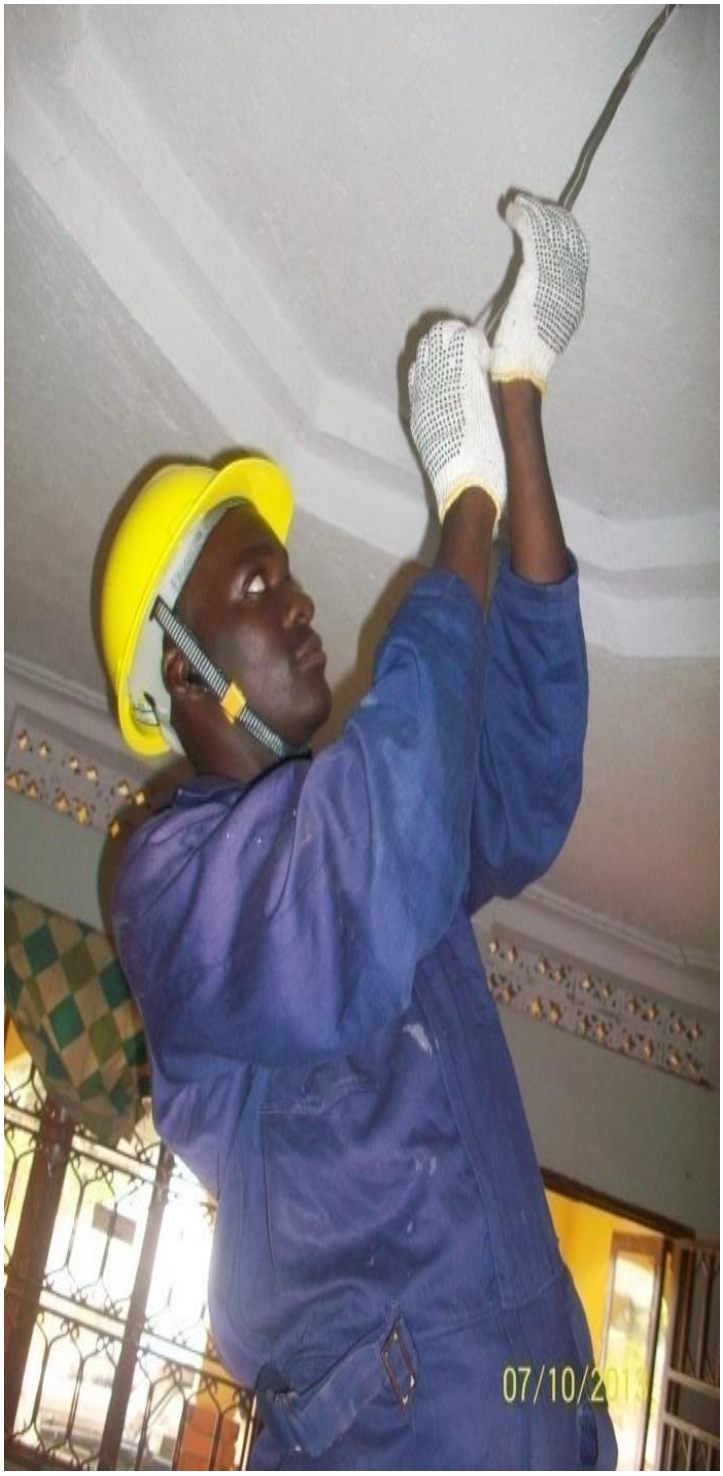
Special appreciation goes to the Chairman and board of directors for the support and guidance that they have provided the management team. In 2014, as per the 2013 – 2018 strategic plans, efforts will be made to scale up palliative care services for clients with Cancer in our community.

Thank you all for your great support and we wish you all the best for 2014.

Yours truly;

Dr. Samuel Guma
Executive Director.

SIMON' LIFE CHANGING STORY; **"I lost hope because I was left alone in the rental house yet I was young to work for school fees and rent"**



My name is Bweete Simon, aged 20 years. I came to Kawempe Home Care in 2008, due to my mother who was being treated by KHC team. My mother was suffering from advanced Cancer. During the course of her treatment KHC doctors tested my blood and I was found HIV positive. I was counseled and given medicine. In the same year, shortly my mother' died of Cancer. I lost hope because I was left alone in the rental house yet I was young to work for school fees and rent.

God answered my prayers and restored my lost hope during the burial when Kawempe Home Care took me up. KHC paid my house rent, school fees including scholastic materials and most importantly, showered me with unconditional love. This gave me the support and strength to achieve my career goals by continuing with the education. I was able to finish senior four and went for a certificate course in electrical engineering and have started practicing the knowledge and skills I acquired from school. This Holiday I got an opportunity of installing the wiring system of Kawempe Home Care offices. I am proud to be an electrician. KHC got for me parents of a good heart Mr. & Mr. who have been paying my school fees, food, rent, books and clothes. I thank you without and end. I thank the Home care education team for all the career guidance I have received. "God makes a way where there seems to be no way"

***I have finished my My Future plans** are to do an advanced certificate and a diploma in electrical engineering. & To help young positives who have stigma and have lost hope through disclosing to them my HIV status and encouraging them to strive for a better future.*

Simon is now giving back to the community. In his free time during the holiday he educates the

Children about positive living. He likes music dance and drama and he is currently training the KHC dancing group in Acting& singing gospel song

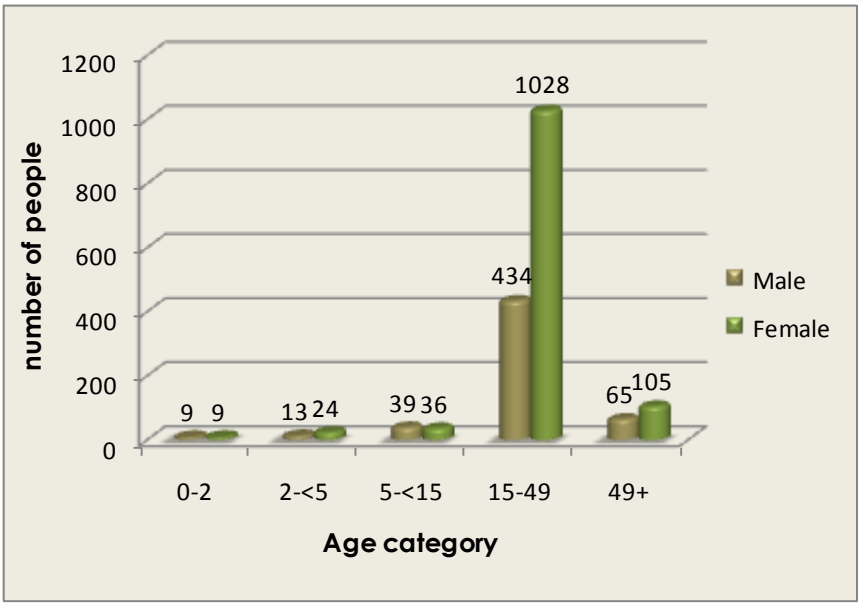
1. INTRODUCTION:

KHC has continued to serve HIV/AIDS, TB and Cancer patients through provision of treatment, palliative care, psychosocial support, OVC services and community health care. Our community HCT has helped to identify clients in their early stages and start them on treatment. In addition good adherence to medication has helped to keep them stable. This attributed to the improvement in the quality of life of clients. We had few bed ridden patients and the total number of patients who died was small compared to previous years.

1.0. Clients served.

- 1,762 are active on the program; 1202 are female and 560 are male.
- 131 mothers are active on EMTCT program
- 28 clients are active on TB treatment
- 25 cancer patients are active
- 1,053 clients are on ART; 715 are female and 338 are male
- 4,813 people were tested for HIV and 430 (8.9%) turned out positive.
- 156 children are active on OVC program

1.1. Age Distribution.



Graph 1: shows the age distribution of active clients

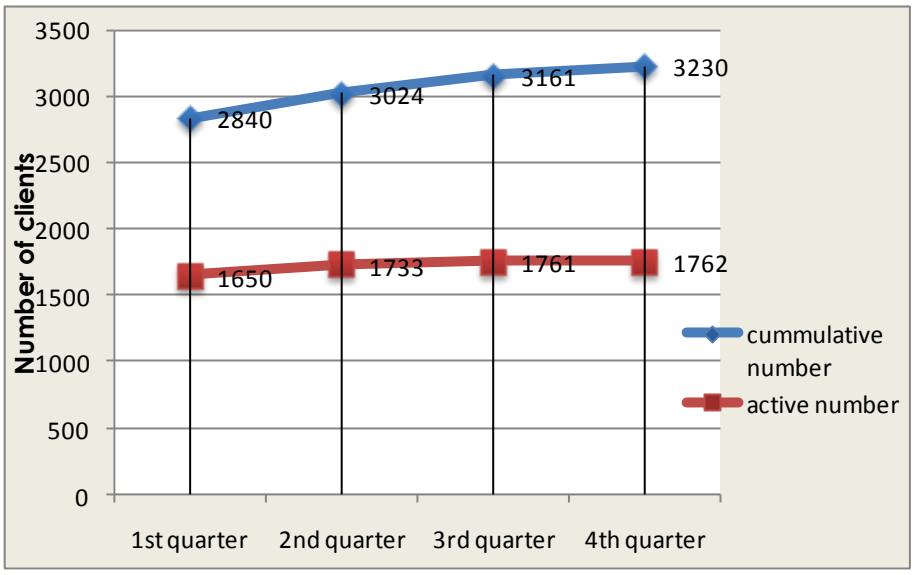
The age distribution of the current active patients is as follows; The number of female adults is higher than the males because the females have more health seeking habits than the males.

A number of female clients have fear to disclose their HIV status to their spouses and those who disclose find it hard to get their spouses tested with an excuse of busy schedule or being comfortable with unknown status while on the other hand, for the males who disclose, it's quite easy to get their spouses tested.

The number of children enrolled has been small throughout the year because the major mode of transmission in children is through mother to child transmission and it has been addressed through EMTCT. Therefore getting positive children has become rare.

1.2 Client growth

Over the months the clients' numbers have been increasing steadily. People have been sensitized about the importance of knowing their status early so they come for HCT and the positive ones are enrolled in to care. This has attributed to the increase in client's numbers. In the third quarter and forth quarter, the number of active clients is almost the same because we are currently maintaining the Number of clients we have and not enrolling more unless the patient has no other option of where he/she can access treatment



Graph 2: Shows the total clients cared for during the year

Reported prepared by ;
Ms. Khainza Miria, Mr. Agaba Gerald & Ms. Namulwa Claire

2.0 MEDICAL DEPARTMENT

Picture 1: Amy a massage therapist from Samaritan Hospice training community volunteers-March 2013.

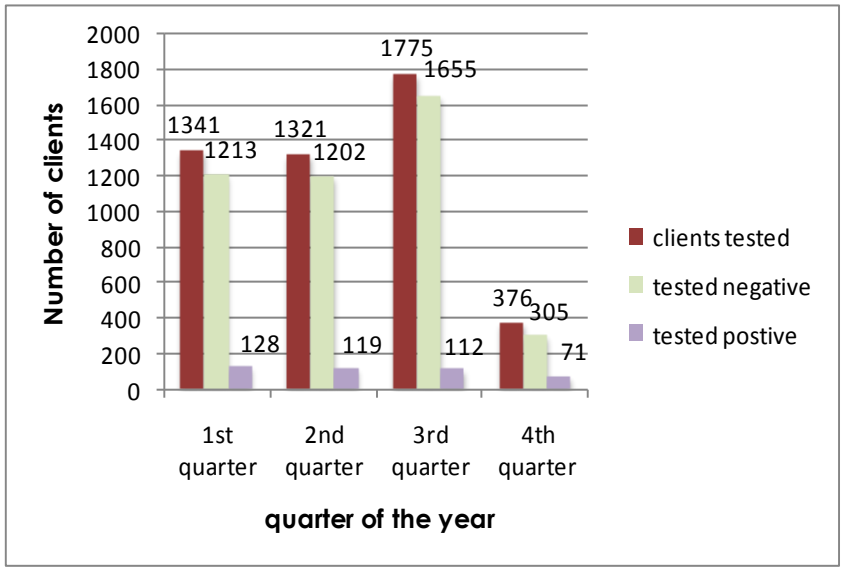
The medical department continued to extend its services to the clients through its four sections that include; clinic, counseling, pharmacy and laboratory. The department's aim is to improve the quality of life of patients through free consultation from a team of five experienced clinicians, physiotherapist and a part time doctor. quality laboratory investigations, fully stocked pharmacy and quality counseling services are rendered free of charge to our esteemed clients. The department continuously builds the capacity of staff through routine Continuous Medical Education (CME) every Tuesday a case conference on Thursdays to jointly manage challenging conditions of patients. We completed a course in Training of Trainers (TOT) for all staff in the year 2013 and all participants were awarded certificates of completion, and also started on another course-Home based Palliative Care for all medical staff that will end in the first quarter of 2014

2.1 COUNSELLING SERVICES

Counseling section has continued to provide quality psychosocial and counseling services to the community

and the services include; HIV counseling and testing both at facility and community, HCT for post exposure prophylaxis, couple counseling and ongoing counseling to address the psychosocial issues that both clients and their care takers face during the time clients are taking their medications. Health education on TB prevention, condom use and distribution are other services offered to our clients and community members to help in prevention of TB and HIV /AIDS respectively in families and communities. KHC conducted several workshops for clients where they shared experience, positive living, adherence and several other aspects of living with HIV.

2.1.1 HIV Testing and Counseling (HCT)



Graph 3: Shows HCT done in 2013

In the year 2013, the section was able to test 4813 people both at the facility and the community through Community HIV Counseling and testing. Among them 4373 (90.5%) clients tested HIV negative, 430(8.9%) clients tested positive and only 420 were enrolled on the program. The mass sensitization in the community has helped people to be aware of methods of HIV transmission hence promoting the prevention of HIV infection and early detection. KHC emphasizes couple counseling and testing and family support system because it helps in disclosure, better adherence, HIV awareness and positive prevention by encouraging the use of condoms. During this year we managed to test 23 couples and among them 15 were negative, 5 discordant and 3 were positive.

Picture 2: Community Testing & Counseling outreach

2.1.2 Ongoing counseling

The section continued to give ongoing counseling to all our clients and their families which helped in proper adherence, family support systems, disclosure, and behavioral change among others. This is usually done at the facility during clinic visits and in clients' homes during home visits.

Table 1: Shows the number of clients who received ongoing counseling in 2013 by Gender

Sex	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Male	175	831	703	317	2,026
Female	206	1,821	1,126	407	3,560
Total	381	2,652	1,829	724	5,586

Success story

My name is Namanda Nasiimu, a 46 year old female from Kawempe. I have 5 children and I separated with my husband 5 years back. In March 2009 I had cough that lasted for long without curing so I decided to go to Mildmay centre for HIV testing and I tested positive. I was confirmed positive for TB and started on ART and TB treatment. I was never comfortable with taking ARVs so in September I stopped taking medication when a friend of mine told me about a herbal company that supplies herbal medicine. I was made to think that it boosts my CD4 and also going there was less stigmatizing than picking ART medication from an AIDS centre. For 3 years I was off ART I always had on and off fevers, cough, chest pain, and skin rash so in December 2012 I decided to go for testing again at kawempe Home Care and I tested positive. I didn't disclose to them that I was on medication before. They did a CD4 blood test and my CD4 was 27 cells and I was started on ARVs. My sputum results were positive and so I was put on EHRZ but I didn't improve. This time round I took my medication as prescribed but I didn't improve. More tests were done and results came with a viral load of 86,029 copies and a CD count of 11. The clinicians told me that I was going to be switched to second line regimen because the virus was resistant to first line. I got so scared and depressed and so I refused to consent to it. I lost hope of living again but I was counseled every clinic visit until I realized the need for second line regimen and I was started it. I was also referred to Mulago hospital for MDR TB treatment.

Picture 3: A counselor (Right) interacting with Nasiimu

As I talk now my life is stable; the skin rashes disappeared, the cough healed and now I can work. I now adhere well to my medication.

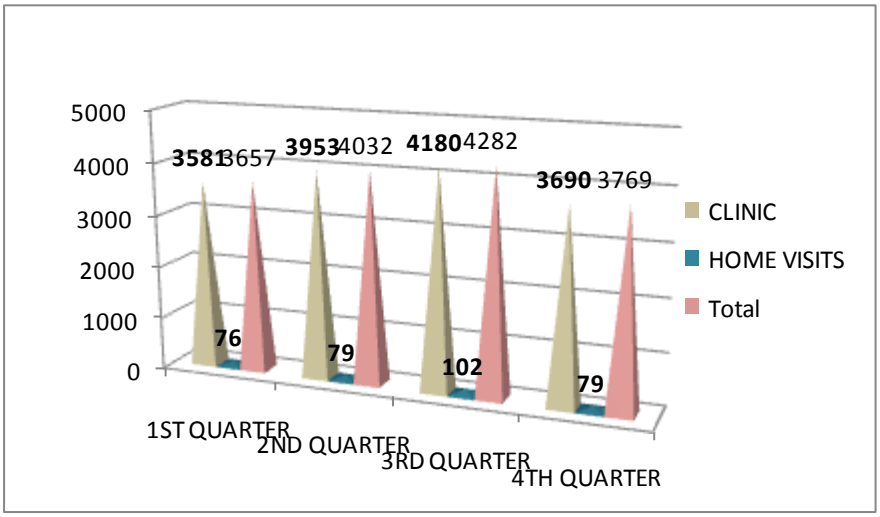
I would like to thank medical workers, counselors, and community workers for the good work done towards my life.

2.2 CLINICAL SERVICES

We offer a number of services to our clients, including; HIV counseling and testing (HCT), home based palliative care, Anti-Retroviral Therapy(ART), EMTCT, TB care, laboratory services among others, and all these services are rendered free of charge.

The above services are offered to the clients in their homes or at the clinic depending on the condition of the client. Patients who need close monitoring are referred to Mulago hospital for hospitalization because we are an Outpatient clinic.

2.2.1 Medical consultations



These are clinic consultations made to the clinicians by clients on their routine clinic and home visits or on emergency call. This year we had a total of 15,740 consultations: 336 home visit and 15,404 clinic consultations.

Graph 4: Shows consultations made in the quarter.

2.2.2. Clients on ART

Twenty six people were substituted with in the first line regimen and 16 were switched to second line regimen due to treatment failure. All clients on ART were monitored immunologically and clinically for treatment failure. The community volunteers followed up patients in the community to monitor their adherence. All patients with poor adherence were counseled continuously.

Table 2: shows the people who were on ART during the year

Indicator	1st quarter	2nd quarter	3rd Quarter	4th Quarter	TOTAL
Number of adults and children enrolled in the quarter	92	60	65	35	252
Number of pregnant mothers enrolled on ART	27	18	25	23	93
Number of Active patients on ART	863	920	1032	1053	1053
Number of patients enrolled on ART cohort 12 months before this period	27	100	100	102	329

Number of patients known to be alive and on treatment 12 months after ART initiation	21	78	74	85	258
Percentage of adults and children known to be alive and on treatment 12 months after ART initiation	78%	78%	74%	83%	78%
Cumulative number of Adults and children with advanced infection ever started ART at the facility	1255	1371	1453	1497	1497

2.2.3. TB /HIV co-management

KHC screened 1,762 clients where 187clients were identified as suspects and 61 of them were diagnosed with active TB and all started TB treatment; 18 clients were sputum smear positives whereas 43 clients were diagnosed through chest x-ray and abdominal ultra sound scan.

We reached a total of 28 clients active on TB treatment by the end of the year; 6 clients were sero negative and 22 TB/HIV co-infected, all the co-infected clients were started on ARVs .9 of the active TB clients had extra pulmonary TB while 19 with pulmonary TB, 1 of the active TB client was a child below 12 years and is sero positive.

Through CB-DOTS and good follow-up, 57 clients managed to complete TB treatment successfully in the year and were awarded certificates of completion.

We had 2 MDR clients who were identified within the year; currently they are active on MDR treatment in Mulago Hospital. Eight clients went into lost to follow and 13 died while on TB treatment within the year.

Table 4: Shows treatment outcome of TB clients cared for in 2012

Treatment out come	No. of TB clients
Cured	**18**
Completed	**31**
Failure	**2**
Transferred out	**4**
Died	**13**
Defaulters	**7**
Total	**75**

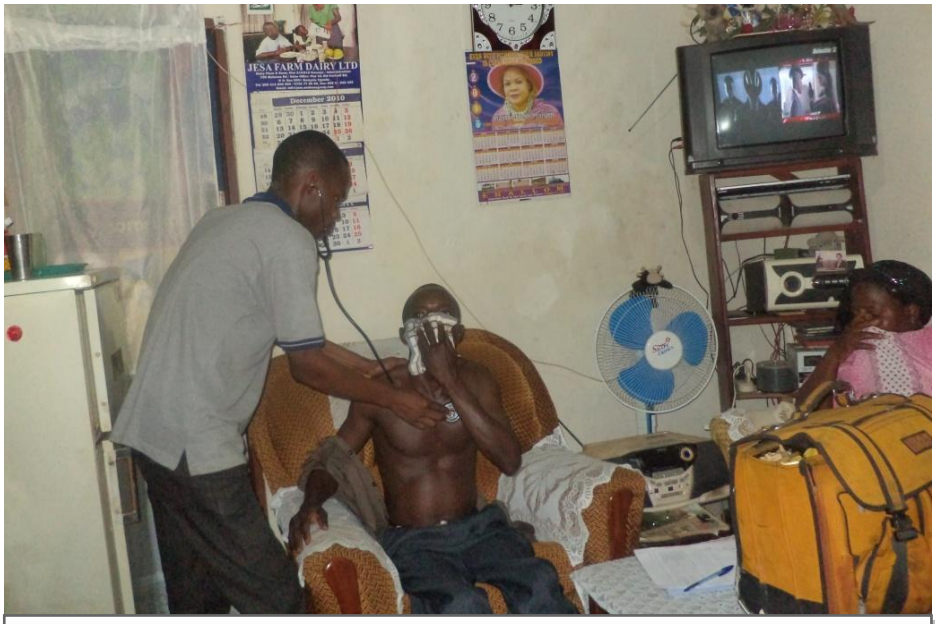
In 2012, we enrolled 75 clients on TB treatment; 29 were sputum positive and 46 were diagnosed through chest x-ray and abdominal ultra sound scan.

18 clients with sputum positive cured attributing to a cure rate of 62% and 31 clients who were smear negative completed treatment with normal x-rays and abdominal scan, attributing to a completion rate of 67%.

We attained treatment success rate of 65% of the TB clients enrolled in 2012. We hope to improve on the treatment outcomes of 2013, due to the improved follow up of TB clients and support from TB Track.

2.2.4. HOME BASED PALLIATIVE CARE

Home based care is provided to all our patients who are ill or too weak to make it to the clinic. The patients have a contact number so in case of emergency, they make the call and a palliative care team responds immediately. The patients are visited routinely until they stabilize. We had



Picture 4: Clinician examining a patient during a home care visit.

Throughout the year 2013, a total number of 336 home visits were carried out. Among these, 248 were routine home visits which are carried out on every Tuesday and Wednesday and 88 were emergency home visits which are carried out any day when need arises excluding Sundays. A total of 39 patients died and 1 of them was a sero negative TB client

Table 5: Shows the total number of routine and emergency home visits carried out throughout the year 2013.

Category	Quarter of the year				
Type of Home Visit	1st	2nd	3rd	4th	Total
Routine	50	58	79	61	248
Emergency	26	21	23	18	88
Total	76	79	102	79	336

2.2.5. PALLIATIVE CARE FOR CANCER PATIENTS

Throughout the year **2013,** we cared for a total number of **25** cancer clients; **11** female and **14** male.
23 are HIV-Cancer co-infected while **2** have cancer only, and all the HIV-Cancer co-infected clients are on HAART. We regrettably lost **3** of our cancer clients whose conditions deteriorated and eventually passed on while **1** client went into lost to follow.

Picture 5: Mr. Chris Stone, the President of Open Society Foundation and the Palliative care association of Uganda Country Director visit a KHC Cancer patient.

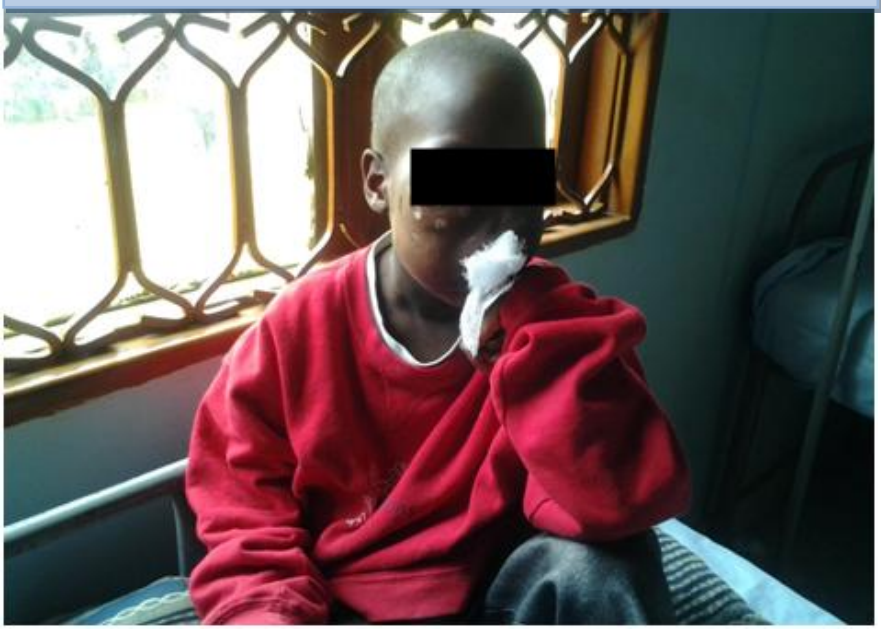
2 clients started and completed their radiotherapy cycles while **1** is being prepared to start, and **5** were given chemotherapy-all these received from Mulago Cancer Institute. A total of **7** clients were given oral morphine for management of severe pain.
10 clients had distressing symptoms like severe pain, skin out growths, body discharge etc, and the rest of the client were stable on their respective therapies.

2.2.6 Pediatric adolescent care

This year we have cared for a total number of **141** children on program, and after discharging **3** who had made eighteen years of age at the end of the year, we were left with **138** active children in care. We had **29** enrolments; **2** exposed infants who turned HIV positive because of lack of PMTCT interventions before they joined our program, 9 transferred in and **18** tested positive through HCT.

The total number of children on ART increased to **82** as compared to **56** in the year 2012, **20** children

Picture 6: shows a cancer child (R.I.P) on a clinic visit



were initiated on ART using the current eligibility criteria and **6** were transferred in already on ART.

On a sad note, one of the children passed on in 2013 towards the end of the 3rd quarter due to cancer which was in its advanced stage.

Indicator	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Newly enrolled	10	05	12	02	29
Active on program	127	132	138	138	138
Active on ART	60	66	81	82	82

Table 6: Shows children in pediatric-adolescent care after discharging adolescents above 18 years of age from care

2.2.7 ELIMINATION OF MOTHER TO CHILD TRANSMISSION

KHC cared for 131 EMTCT clients this year, 85 enrolled as new pregnant and lactating clients and all on ARVS to reduce on transmission of HIV infection to their babies. 39 clients had normal deliveries to live babies who received ARVS for prophylaxis but unfortunately 3 babies died after birth due to complications of foetal distress. 44 babies were given septrin prophylaxis after the age of 6/52 which is stopped after 6/52 after caesation of breast feeding. A total number of 62 infants below the age of 18 months were tested for HIV infection, 56 infants received HIV negative results. The 4 infants who were referred from the community and enrolled in EID received HIV positive results, their mothers self reported that they never received any PMTCT intervention during pregnancy and after delivery. One of them died, two were enrolled into HIV chronic care and initiated on ARVS while the fourth was transferred to another health facility to access HIV care and treatment. KHC also discharged 18 infants with negative results at the age of 18 months; however we are to follow them up to the age of 2 years. KHC has been able to train 22 community health volunteers on EMTCT new recommendations as per MOH which included EID, nutrition support for

Table 7: Shows the EMTCT mothers cared for during the year

infants and adults, adherence on ARVS and how to screen clients eligible for EMTCT in the community. This has helped on proper follow up and support of clients in the community. EMTCT sensitization meetings for clients have been carried out, both at the facility and community levels which has been done on monthly basis. KHC still has a challenge of family planning interventions where by most clients can't afford the cost and they conceive before being discharged from program.

	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Active no. of PMTCT mothers	99	114	111	131	131
New mothers enrolled	27	19	25	14	85
Clients receiving ARVs	97	113	110	131	131
Mothers died	00	00	00	00	00
Number of deliveries	09	11	10	09	39
Number of babies who died at birth	00	00	02	01	03
Infants that received cotrimoxazole	18	11	15	18	44
Infants given ARVs	09	11	09	13	42
Babies tested HIV negative below 18 months	14	14	13	15	56
Babies tested HIV positive at 18 months	00	04	00	00	04
Babies discharged at 2 years negative	04	03	08	03	18
Babies discharged at 2 years positive	00	00	00	00	00

2.2.7 PHARMACY

During the year 2013, we attended to an average of: 7 Clients on Fluconazole prophylaxis, 1210 Clients on Cotrimoxazole per quarter, 23 Clients on Dapsone, and 4 Clients on Oral Morphine. We had only 1 Client on Codeine Phosphate tablets. We hope to have more shelves fixed in the Pharmacy to improve on the arrangement of drugs in the pharmacy. The table below show the clients attended to on Fluconazole, Cotrimoxazole, Dapsone, Oral Morphine and Codeine Phosphate tabs during the year 2013.

Table 8: Shows the number of Clients attended to in each quarter of the year for some selected drugs.

Quarters	1ST	2ND	3RD	4TH
Average number of Clients on Fluconazole secondary prophylaxis	9	2	9	6
Average number of Clients on Cotrimoxazole	1,332	1,158	1,250	1,099
Average number of Clients on Dapsone	22	26	19	24
Number of Clients on Oral Morphine	4	7	4	2
Number of Clients on Codeine phosphate	0	0	0	1

Pharmacy report prepared by Mr. Echile Joseph.

2.2.8 LABORATORY

Throughout the year, the laboratory performed its core activities as expected and these are: diagnosis and monitoring of progress on treatment. Below is a summary of tests done in the year.

Table 9: shows the laboratory investigations carried out during the year

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
HIV Rapid test Positive	**125**	**112**	**118**	**64**	**419**
HIV Rapid test Negative	**1216**	**1211**	**1669**	**307**	**4403**
TB smears Positive	**12**	**11**	**6**	**2**	**31**
TB smears Negative	**153**	**131**	**100**	**71**	**455**
Syphilis Positive	**4**	**1**	**4**	**1**	**10**
Syphilis Negative	**30**	**44**	**33**	**52**	**159**
Malaria smears Positive	**23**	**26**	**17**	**1**	**67**
Malaria smears Negative	**161**	**217**	**135**	**121**	**634**
Urine pregnancy Positive	**26**	**8**	**30**	**20**	**84**
Urine pregnancy Negative	**32**	**22**	**33**	**25**	**112**
Routine Urine analysis	**115**	**171**	**116**	**105**	**507**
Sugar in blood	**6**	**7**	**15**	**15**	**43**
HIV DNA PCR	**29**	**26**	**31**	**22**	**108**
Viral Load	**8**	**20**	**20**	**27**	**75**
Liver Function Test	**4**	**0**	**3**	**0**	**7**

Renal Function Test	**4**	**1**	**3**	**0**	**8**
CRAG	**5**	**0**	**1**	**0**	**6**
CD4 cell counts	**639**	**448**	**679**	**633**	**2399**
Toxo screening Test	**5**	**1**	**8**	**5**	**19**
TB culture	**5**	**3**	**4**	**2**	**14**
Complete Blood Count	**136**	**106**	**59**	**61**	**362**

Medical Report
Compiled by: Sarah Komugisha, Wakuba Habert, Nanozi Aidah, Alex Bugingo & . Amanyire John.

Above: Some members of the Medical team of Kawempe Home care.

3.0. COMMUNITY AND SOCIAL SUPPORT PROGRAM.

The community department is made up of four sections which include community net-work of care, orphans and vulnerable children and social support section. The department has continued to provide psychosocial services throughout the year to our patients and the community. The core activities in the department are adherence support, Home based care, OVC services and social support.

3.1 Community Net-work of Care

The community net-work of care is made up of VICTASS (volunteers in care and treatment of HIV/TB and support system). There are 25 volunteers; 4 are supervisors and both have been active throughout the year. Several trainings were carried out for capacity building, these included; care givers refresher training, the Samaritan Hospice team paid a visit to KHC and trained VICTASS on proper wound management and massage therapy. This has equipped them with the knowledge base on palliative home based care.

Picture 8: The community volunteers having a care givers training

3.1.1. Drug adherence support.

The community volunteers have continued to support the clients' adherence in the community through pill counting and advising them in cases where they wrongly take the medication. A total of 9295 home visits were done to HIV patients and 323 home visits were done to TB patients. An average number of 801 patients were visited each month. Community volunteers faced a challenge of not finding clients in their homes when they visit them to assess adherence.

3.1.2. CBDOTS

Community based directly observed therapy is a strategy used by community workers to monitor adherence of TB clients. They visit the client at home and observe him/her take medication. TB clients in their first phase are visited by community volunteers at least three times a week for CBDOTS. In this year, 61 new patients were enrolled into care, 57 completed treatment, 13 died, 8 were lost, 2 transferred out, 2 MDR and 28 are still active on treatment as we see the pie-chart below;

3.1.3. Home Based Care and Social Support.

All bed ridden patients received home based care services. These services are offered by VICTASS to bed ridden patients not limited to cooking and feeding the patient, bathing and general cleaning, counseling, drug adherence and spiritual support. Also such bedridden patients are given food to help them adhere to treatment and recover quickly. A total of **30** needy patients were given food support.

3.2.0 ORPHANS AND VULNERABLE CHILDREN

Picture 9: Tom & Carol Menzie (in background) support the children. They have also provided technical support to the HES program

The Orphans and Vulnerable children (OVC) section has a total number of 156 children. The OVC section intervenes in children's issues through four different programs. These are; Teens club, Kalimarimbas, Day Care, and Home Care Education Support (HES). There are 104 children on Home Care Education support Program, 28 children in Day Care, 108 in Teens Club and 33 in Kalimarimbas. The children

3.2.1 Day Care

The Day care Program supports children below the age of 5 years who are living with HIV and it operates every Wednesday. The number has increased tremendously from 13 children at the end of the first half to 28 children at the end of the year. These children participate in day care activities that involve; playing, learning, interacting and a nutritious meal. This program is vital in assessing adherence to the treatment; treatment of the opportunistic infections, and also a way of providing psychosocial support to both children and their parents.

3.2.2 Teens Club

The program comprises of 108 children between the ages of 6-18 years who are living positively with HIV/AIDS. We empower them with knowledge and skills for positive living. Topics discussed include; adherence, nutrition, positive living, infections, assertiveness. They are encouraged to share experiences so as to help and support each other to walk steadily through the challenges they encounter. Also, the meetings avails a chance and environment where the children can freely talk with the counselor. These educational activities tailored skill development related activities like reading, watching, dancing, story development, playing football, acting in role plays

3.2.3 Kalimarimba.

The Kalimarimbas dance group consists of both HIV positive and negative children. There are 33 members who are active. Like the name for the group suggests, different voices are put together to form one single voice; Kalimarimbas has a new participatory theatre piece; My Agony that shall be used for school and community sensitization in 2014: to let their voice about stigma and discrimination and their effect on the lives of HIV positive children be heard for the positive change and creation of a safe environment for these children!. We have heard a stage presentation for each of the three quarters and two in the last quarter; on the children's day out and Christmas Bazaar.

Picture 10: Shows the Kalimarimbas performing during the Christmas Bazaar.

3.2.4 HOME CARE EDUCATION SUPPORT (HES)

There are 104 children under the Home Care Education Support Program. We have been able to cater for the school and fees requirements on time for all our children. Out of 104, three students sat their Uganda

Certificate of Education (UCE) examinations, 12 Primary Leaving Examinations(PLE) and 2 end of Certificate course (UBTEB), while one graduated with a certificate in Hair dressing. 63% children served on the programme are orphans, 57% are HIV positive while 37% are both HIV positive and orphans.

Picture 11: Kids pose for a picture at the end of the year charismas party

Reported by: Tusimemukama Alicitidia, the manager community support department.

Above: Community support department staff member

4.0 SKILLS DEVELOPMENT AND EMPOWERMENT DEPARTMENT.

This is a new department that grew from entrepreneurship section. We mainly train our clients in different entrepreneurial skills at a free cost and they use these skills to earn a living. This department has four income generating projects which include; beads, Mushroom, piggery, liquid soap which is the newest project that has been introduced to enable us raise enough money to help our continued growing numbers of the clients and the rising number of out of school children.

4.1 Beads for Education (BfE)

As an oldest project of KHC, it has continued to generate income both locally and internationally and this has enabled its sustainability. The beaders have been able to earn a living through the sale of beads.

This year we have received several visitors, many of them were beads ambassadors, others were shoppers who bought the beads and the rest offered capacity building to enable this projects raise more income. Among them we received the Marketing for change from the great generation, Samaritan health care and hospice team, Open society team, Anni Fjord from Denmark, Carol and Tom from Australia to mention but a few.

Picture 12: Sherri Brake in the beads shop during the Samaritan Hospice visit at KHC

This project has supported 25 children in both primary and secondary school by providing school fees from the beads sales and thus it has been ranked the most successful project among the rest. The beads project has also benefited twelve clients who are all HIV positive and this has led to improved quality of life. We are grateful to all those who supported us by buying our beautiful beads and also our lovely ambassadors who work tirelessly to ensure that they sell our products.

4.2 Mushroom project

This project is regarded as second to the beads project in terms of income generation. It has 100 farmers who are all clients of Kawempe home care. This project was set to improve on the livelihoods of our clients. 40 clients were trained and given materials (Spawn, cotton husks, drums etc…) to start growing the mushrooms. As one of the oldest projects of Kawempe Home Care and which have been operating on a small scale, it has expanded to hundred and fifty beneficiaries who are clients. This has been made possible with the grant received from Innocent Foundation. Our clients have started making money through selling of piglets. The wastes of pigs have been used as manure in their gardens and this has improved on their general farming. In December, 50 families were given a seed pair of pigs, livestock management and business trainings were also carried out.

In this picture is Ms. Namutebi Glades is a grand mother of Kusasira Joseph who is an orphan living with HIV .They are four children who were left with their grandmother to take care of. Glades as an old lady has to struggle to see that they all go to school. She joined the piggery project last year and by the end it delivered seven piglets which she has so far sold and is going to pay school fees for these children.

4.3 Appreciation

We are grateful to Innocent Foundation for empowering our clients with livelihood projects such as mushroom growing and piggery. We have high hopes that our clients will benefit a lot from these projects. We thank all the people who have helped in supporting us to ensure that our clients live happy lives.

We want to appreciate the innocent foundation Uganda office lead by Ms. Ruth for technical assistance and field monitoring that has been a practical learning experience for both of us.

You can now buy mushrooms, piglets and beads from KHC as shown in the pictures

Reported by:
Ms. Namirium Oliver & Musimenta Ruth

5.0 ADMINISTRATION DEPARTMENT

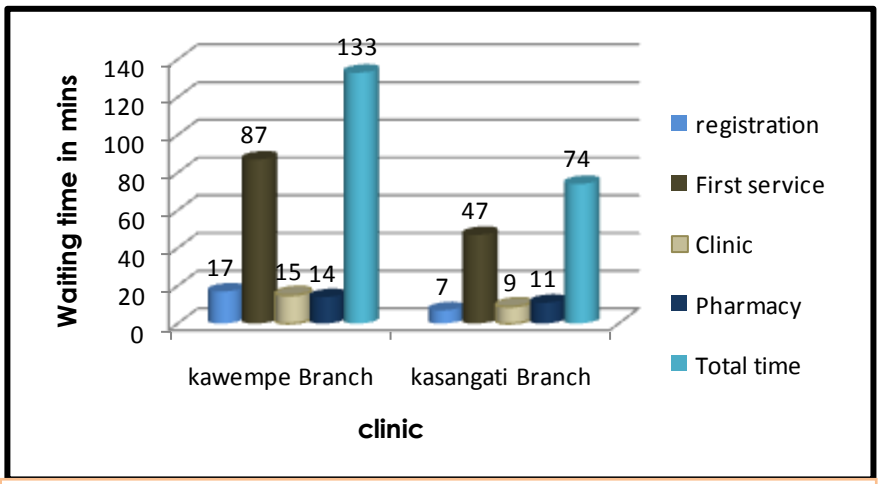
The administration department has got four sections that include; monitoring and evaluation, finance, Resource mobilization, procurement and Human resource office.

5.1 MONITORING AND EVALUATION

Monitoring and evaluation section is responsible for data collection, entry and analysis of medical information, monitoring of projects implemented, report writing and dissemination of information in meetings and coordination of research activities.

During the year the M&E conducted a clients' satisfaction survey where it was found that 100% of KHC clients are happy with the medical services offered to them while 97% 0f the clients were satisfied with the pharmacy services. The clients also appreciated the work of community workers as it has helped encourage them, remind them of their clinic appointments and correct those taking their medication wrongly. However 17% of the respondents were still stigmatized by the fact that people around the villages are aware that community workers continuously visit a person at home only when they are enrolled on their program. Therefore being visited at home would mean that all neighbors would know about one's status.

Majority of the patients indicated that they spent less time waiting for clinical services as shown in the graph below



Graph: Shows the average client waiting time at KHC clinics

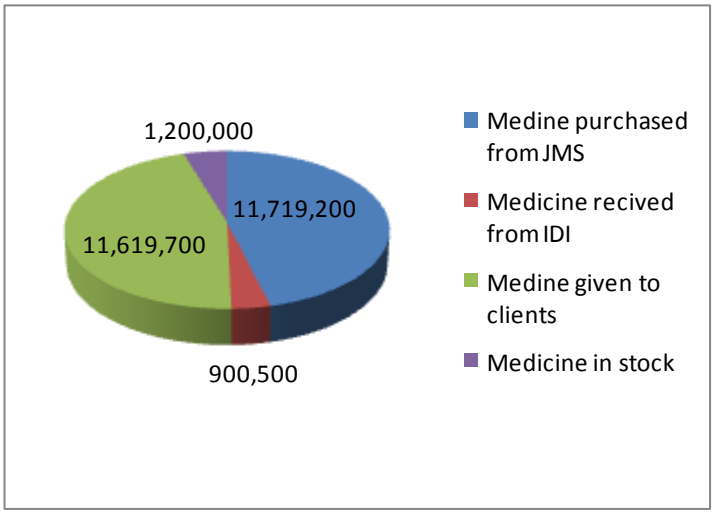
5.2 PROCUREMENT, INVENTORY AND STORES

The procurement, inventory and stores section is in charge of maintaining the organization inventory system. The objective of the department is to:

- To verify and record actual receipt and issues of materials e.g. Drugs, cleaning materials and stationary.
- To establish and maintain efficient on-hand inventory balance.
- To provide the proper quality and quantity of materials with the proper authority.
- To cooperate with other department to establish and maintain inventories at satisfactory and cost efficient levels

Chart 2: Shows the medicine purchased and consumed in monetary terms during the year

Several activities took place in this section for capacity building, these included report writing and effective management with Medical Access Ltd team and Procurement and Supply chain Strengthening Project (PSSP) with MAUL. The section also had support supervision on medicines management and gaps identified were put in consideration.



The stock monitoring software was installed and will be used come in 2014. MOH introduced a new FIXED dose combination and that is: TDF 300/ 3TC 300 +NVP 200mg treatment of HIV infected adults over 18 years of age. And the combination was introduced to reduce pill burden with our clients.

The stores experienced some stock out challenges (especially medicines for opportunistic infections) due to insufficient funds, thus affecting the logistics management system.

4.3 RESOURCE MOBILISATION

Picture 15: Prof. Walley (2nd right background) with Staff & children whose education is being sponsored by the Witter family.

A lot of activities took place in the resource mobilization office. These are categorized in to networking, fundraising, celebrations, welcoming visitors and farewell to volunteers among others.

30 secondary students on our waiting list for education support are to be support by the funds from the fundraising event carried out by City Funding Network in London. Our sponsor for the event was Mr Danny Witter who with his family has been long time supporters of KHC. His brother-in-law, Professor John Walley, presented on our behalf and the event

raised £10,000. He also visited KHC in December together with his son who had a good experience in the clinic for two weeks for his career as a doctor.

HEMA Beverages Ltd donates 100 litres of water every week for our clients. They are enjoying the refreshing taste this water contains. We awesomely thank the Management of Hema beverages Ltd for the kind support they have given in care for the most vulnerable sick patients in our community.

Picture 16: Hema water donations to KHC

4.3.2 NETWORKING AND PUBLICITY

In August KHC played a major role in organizing the 5th Biennial conference for Palliative Care Association of Uganda at the Imperial Royale hotel. Over 500 people attended the conference and it was a great success. We participated in Exhibition, Arrangements, supplied conference bags from our entrepreneurship section and the Kalimarimbas performed. KHC is steadily growing to be a model in Palliative care, this is because many people have visited us to see and learn how we have integrated this care into our work. KHC was so delighted and blessed to have featured on NTV Uganda (a TV broadcasting company in Uganda) on their Health Focus program that was viewed by many people who learnt about the holistic approach of care we have for our patients. Two of our cancer patients were visited and explained of how better their lives have improved due to Palliative care.

Picture 17: NTV reporter interviewing a cancer patient

4.3.3 KHC visitors

We were privileged to have received a number of visitors who came to see our work. These included Fr. Joseph Archetti a founder of Reach Out Mbuya who visited us and donated clothes for children and medicines for patient care. A team from Lion's club Norway also visited us, donated funds and three members became our beads ambassadors. The Open Society team came to know the role of community volunteers in home based care. We did some home visits together and shared knowledge. Anni Fiord form Denmark visited us when she came to Uganda and she was impressed at how far we have reached.A team from Samaritan Healthcare & Hospice (USA) visited us in March. They were delighted to know how and what we do for the community. They did home visits, volunteered in the clinic for some hours and enjoyed being with our clients especially children. They gave some support through donations like clothes, clinic equipment, money etc. they are also the biggest sellers of Beads in the US. And they sponsor children and others

Picture 18: KHC & Open society international team doing joint home visits to children suffering from cancer

The Great Generation is a big supporter of KHC and through them we were able to receive a group of young MBA students with expertise in marketing who trained KHC staff in marketing skills. And this was intended for KHC to be able to generate more income for sustainability of its program.

6.0 HUMAN RESOURCE

We are extremely grateful to every staff member and volunteers for contributing to this noble cause. KHC managed to retain 99% of her work force. This is attributed to conducive work environment, staff capacity building and good leadership.

This year, the overall excellent employee of the year award went to Ms. 'Nabisibo Mary. She is the head of stores. Mary is self-motivated young woman with a passion for delivering quality goods and services timely. She has been working with KHC for the last 5 years in different capacities. Apart from her designated duty Mary goes an extra-mile like cooking for the Aids orphans, and helping other staff to excel in their work.

Who is Nabisibo Mary

My name is Nabisibo Mary, I am Married and we have 2 kids. I joined kawempe Home care in 2008 as volunteer Community health worker in the community support department. I had more than 35 patients I used to visit every month and I ensured that they take their medicines correctly.

Picture 19: Left right: Ms. Nabisibo Mary having a light moment with the program Manager of Infection Diseases Institute Dr. Joanita Kigozi & Dr. Sam the executive director of KHC.

In 2009 I was promoted & transferred to the Stores section where I have worked till now. The staff of the year award was a surprise to me. All I desired was to do my work diligently submitting my report timely and ensuring that no patient misses medicines due to stock out.

What motivates you? First is the family support I receive from KHC. Before I joined I used to work for a business company. I was asked to leave because I was pregnant. They could not consider giving me mother a maternity leave. My husband also didn't want me to work for an organisation that treated women unfairly. So I was forced to resign and nurse my baby. I is the extra mile KHC can go in treatment. When I see patients getting better. And when I see each Staff being moved by Love to save other patients that walks through her gates. I was privileged to have worked with KHC founders from the start. They are my source of inspiration.

The strong family spirit with in KHC team gives me a sense of belonging. KHC is indeed growing very first and I have been privileged to work & learn from an organization that impacts directly to people's daily lives. When I joined KHC my goal was to participate in saving patients and I have achieved this. This is why I feel fulfilled. I have grown from being a Community volunteer to a stores Supervisor over period of 5 years.

I have been trained by KHC & I feel well empowered to execute my job. I love cooking, that why I always help in this Area when their functions at KHC. I don't give up easily and like challenging tasks. My role model is Jesus who strengthens me when I am weak.. Congratulations Mary!

6.1.3 International Volunteers & interns

KHC was blessed to have five international volunteers who worked in the medical department, Community support and social enterprises. We are grateful to Alison Peel, Maggie savely, Emily Mediate, Sophie Kieffer,

Alys Bowerman and Ahim Bowerman for offering their time and skills to touch & change many lives in the community
We shall be forever remain grateful for your generosity.

CAPACITY BUILDING

Table 19: Shows the trainings conducted during the year 2013

Training Group	Training conducted
All staff	TOT (training of trainers) TB/HIV management training
Managers and heads of department	Effective management training Report writing
Procurement officers & Store keepers Team	Logistics Management Information System training Procurement and supply chain strengthening Project
Clinicians and counselors	Comprehensive palliative care
The community Network Of Care team	Option B+ guidelines and recommendations Care givers refresher training
The resource mobilization coordinator	Writing good English
Project accountant	Electronic Quick books accounting training
M&E team	Data Base management

7.0 ACHIEMENTS AND CHALLENGES

7.1 Achievements

Picture 20: KHC management team received certificates after a training in Effective Management. The course was sponsored and facilitated by Carol Menzie (4th left background) at Fairway Hotel Kampala.

- Fewer numbers of ill clients. Most clients previously ill and on Home Based Care are now working and able to earn a living.
- All exposed infants whose mothers were on full EMTCT program turned out HIV negative.
- Critical Human Resource gaps were fixed; KHC employed a doctor, a dispenser and physiotherapist. Data officer, Finance & Administration Manager.
- Two students who were on our OVC program graduated with certificates in Electrical engineering and a certificate in hair dressing respectively.
- All children on Education Support (104) paid their full school fees. Thanks to sponsors.

- With the system of ordering for drugs twice a week, there has been increase in effectiveness and time management in the pharmacy.
- Strong partnerships and networking
- Better financial systems were put in place with matching human resources.
- We acquired several equipments during the year. These included plastic chairs and tables, tent, thermometers, a weighing scale, computers, stethoscopes, electronic blood pressure scale and pharmacy British National Formulary. These helped to facilitate our work.

7.2 CHALLENGES

- The increase in client numbers has led to demand for more space. KHC need a larger clinic and office space to accommodate the growing need.
- Poor internet connection is still a challenge and this limits us to access web based information.
- We were unable to offer some activities that were essential and were requested by our clients. These included immunization and family planning.
- Stock outs of medicines for opportunistic infections due to limited funds. We also lack support for cancer medicines.
- Limited airtime for following up clients
- The food is not enough to support all needy clients especially children and mothers on PMTCT
- Many children are still on waiting list for education support
- Lastly we are faced with the new challenge of Commercial sex workers that continue to fuel the HIV prevalence rates in Kawempe division. The recurrence of STDs' among our clients has also contributed to the high treatment costs.

Reported by;
Mr. Gerever Niwagaba, Ms. Henrietta Kebirungi & Mrs. Nabisibo Mary.

8.0 FINANCE REPORT.

8.1 Introduction

Kawempe Home Care is a registered company limited by guarantee, without share capital, and owned by the Board of Directors. KHC this year has started the process of registration as a Non-Governmental Organization (NGO).
The finance section is under Administration department. The section is responsible for the day to day running of the organisation's cash flow of income and expenditure through planning/ budgeting and controlling of daily expenditure by setting limits. This report will include all the income received from donors, Income Generating Activities, In-Kind Donations and Expenditure categories: Administrative Cost, Operational Cost and Capital Cost.

Below is the table showing income received in the year 2013

Category	Amount Ug. Shs.	US dollars	Percentages
Grants and Donations	560,082,645.00	224,033	85
Income Generating Activities	99,372,163.00	39,749	15
Total	659,454,808.00	263,782	100
Administrative Costs	89,236,188.00	35,694	14
Operational Costs	523,102,106.00	209,241	83
Capital Costs	14,545,200.00	5,818	3
Total	**626,883,494.00**	**250,753**	**100**

8.2.0 INCOME

8.2.1 Grants and Donations

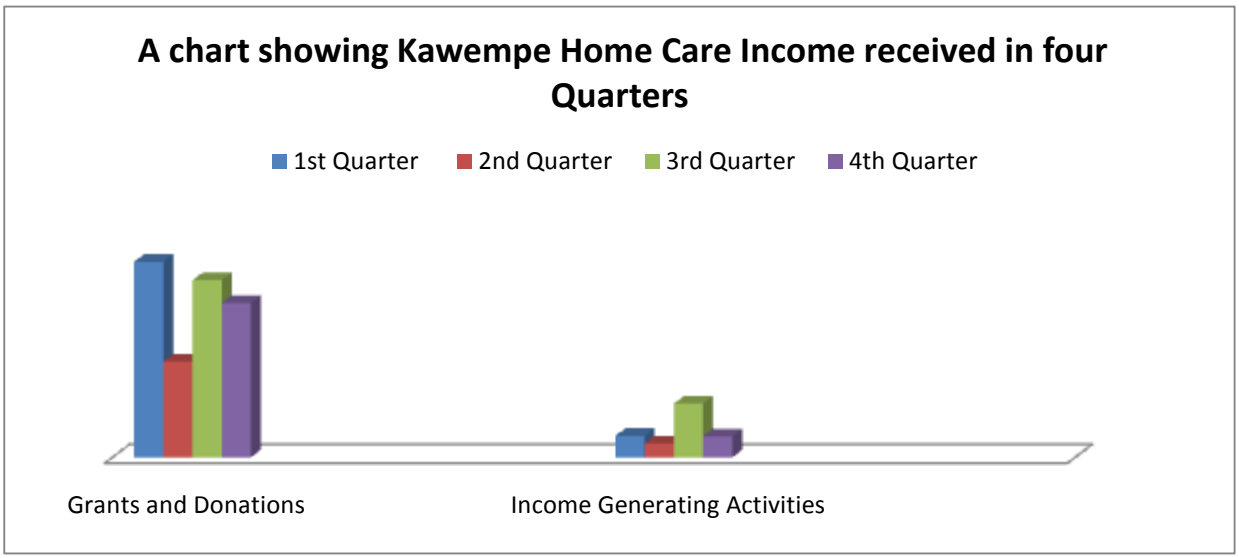
Grants and Donations received this year came to a total of UGX 560,082,645 an equivalent of US$ 224,033 representing 85%, these funds came from different agencies that support HIV/AIDS organizations and individual donations. Thanks to IDI Infectious Disease Institute, Hope For Children, Innocent Foundation, (FORO) Friends Of Reach out, FHSSA-Samaritan Hospice, Culture Without Boarders and Lions Club. Lastly to our friends that contributed towards this fight of HIV/AIDS, Tuberculosis and cancer.

8.2.2 Income Generating Activities

The total income under this category came to a total of UGX 99,372,163 which is equal to US$39,749 representing 15%.Income was collected from Organizations' projects that were set to reduce on the gaps in administration cost and Human resource support. These are projects like beads making by clients made from recycled papers, Mushroom and Soap production and piggery project. Thank you all our beads ambassadors for setting up international markets in countries like USA, Denmark, Norway, Netherlands and Australia.

8.2.3 In-Kind Donations

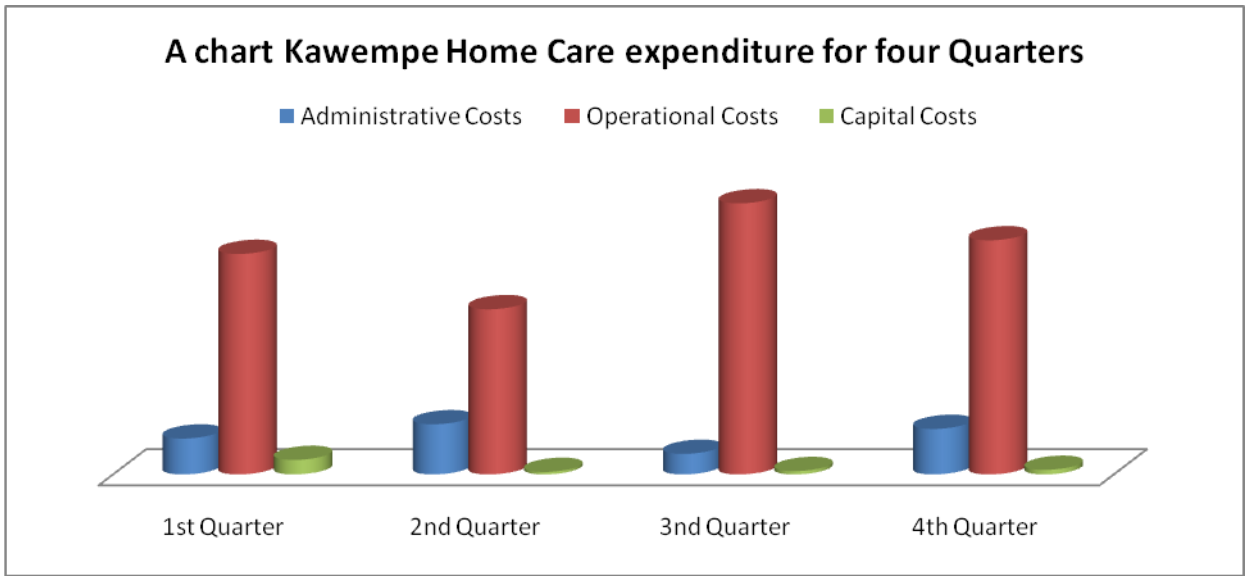
We are equally grateful for organizations, agencies and individuals both local and internationals who donated to us in-kind to mention but a few Ministry of Health for giving us ARVs and TB drugs, IDI for supporting us with Medicines for opportunistic infections, lab supplies, and other clinic and office equipments, lastly TB TRACK for supporting us with a dispenser and water bottles for our client.



8.3 EXPENDITURE

Our total expenditure in the year 2013 came to **UGX 626,883,494 (US$250,753)** and these expenditures were categorised under three headings of Administration costs, Operational Costs and Capital Costs.

Graph Kawempe Home Care 2013 Expenditure by Quarter.



8.3.1 Administration Costs

Our principle on expenses remain the same, client oriented expenses considered first and always high compared to admin and Capital costs, these are Medicines, laboratory tests, and transportation costs among others. We therefore keep our administration costs below 15 percent of the total expenditure. In the year

2013, our Administrative costs came to a total of **UGX 89,236,188 (US$35,694).** This represents **14%** percent of our total expenditure.

Administration costs went into paying for utilities, internet and office phone, cleaning materials and cleaning services, Stipend for casual workers as well as paying for paper based office supplies.

8.3.2 Operational Costs

Operational Costs came to UGX 523,102,106 (US$ 209,241).This represents 83% percent of the total expenditure. We spent these funds on: Clinical investigation (tests, X-rays, Scans, admission/referral, transport, salary/stipends for staff); Home Based Community Support **(**travel cost to clients' homes, teen's club, Kali-marimbas- drama group activities, stipends for community workers). Social support to clients and families (transport, School Fees for orphans, food for our bedridden clients to enable them take their medication, household support, Grant to enable our clients start small income generating activities.); Training of staff, community volunteers and Clients who engage in projects; Medicine (all medicine for Opportunistic Infections.); Other Operational Costs (membership and registration fees, Auditing and consultancy fees, fund raising costs)

8.3.3 Capital Costs

Total capital costs came to UGX 14,545,200.00(US$5,818) this represents 2% of the total expenditure. We spent these funds to purchase tents to provide a shade for our clients as they wait to be attended to by the clinicians, as well as in the community during HCT activities. We also purchased new computers, Philip chart stand for our meetings. Repairs and maintenance of clinic vehicle, Motorcycles, computers and printers to keep accurate data and give timely and transparent reports was part of the capital costs incurred.

8.4 ACKNOWLEDGEMENTS

We are extremely grateful to Centre for disease Control (CDC) for funding more than 40% of our comprehensive care program and more especially funding the Human resources that are key critical care in service delivery. Infectious Disease Institute (IDI) in partnership with CDC given us a tremendous support in implementation of the program.

Innocent Foundation & Hope for Children for patients empowerment promotion of livelihood projects and support for our Kasangati clinic outreach.

We are also grateful to Samaritan Hospice and health care New Jersey partnership for selling beads in US, capacity building, getting school fees sponsorship for the children and educational exchange visit programs

Staff and volunteers of KHC and all, thank you so much.

HEMA water through her cooperate social responsibility has donated drinking water to our clients on clinic days. Thank you for giving back to the community.

Thank you Horizon3000 for continued support for technical advisors for resource mobilization, OVC care and organizational development.

Friends of Reach Out (FORO), Culture Without Boarders, The Great Generation, and all individual donors who have supported us in one way or another and made us sail through the year 2013. through the year. We extremely appreciated this support.

Funding Network UK has supported 30 new orphans & vulnerable children on our program they were also able to get scholastic materials

Individual Funders, Friends, staff & Clients that paid their monthly contributions to KHC's holistic care to AIDS, Cancer patients and children. Without your support KHC would not be in position to provide this much needed service.

8.5 CHALLENGES

The main challenge is that the demand for HIV/AIDS program is increasing and yet the funding is low or even reducing. Other challenges are the continuous increments of administrative costs, HR support and social support for the unprivileged clients.

8.6 CONCLUSION

Much as we have these challenges, we are proud to say that our team has been able to relief pain from the sick and brought many a smiles on their faces. Kawempe home care would like to express her sincere thanks to its founders, the board of directors for excellent leadership and all the support rendered, both financial and In-kind despite the challenges faced.

Finance report compiled by Mr. Tumwine Elias and Ms. Nafuna Patricia

THANK YOU! For being "**MOVED LOVE**"

In Picture: Administration team