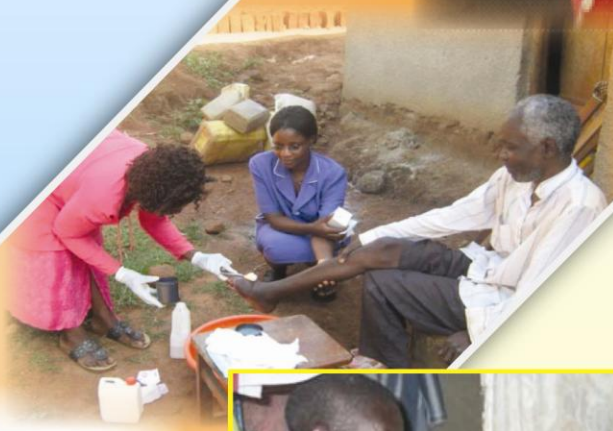
KAWEMPE HOME CARE

"Moved by Love"



Annual Report

2010

Executive Summary

Dear Friends and Partners,

2010 has been a really remarkable year in the history of Kawempe Home Care, the organisation made a number of great achievements from both and organisational capacity development and service delivery to our patients.

The major achievements of the year 2010 include success of the HIV/AIDS care program where 78% of the patients were found to have a good quality of life. The community based directly observed therapy (DOT) for TB patients registered a cure rate for smear positives at 86% and a treatment success rate of 91%. A 6 month pilot study of using mobile phone sms text messages to improve adherence to antiretroviral therapy registered an increase in average adherence of patients from 83% to 95% and a viral suppression of 94.5%.

The program has so far provided care and support to 1585 patients. Currently we have 813 active patients on HIV/AIDS treatment, 591 (73%) are female and 221 (27%) are male. On TB treatment we have 67 active patients 28 (42%) are female and 39 (58%) are male and 41 mothers on PMTCT care. On ART we have 461 active patients on treatment and of this no 327 (71%) are female and 134 (29%) are male. Eight patients with cancer have been on Palliative care.

We have continued to work hard and improve the services provided at the Kasangati Outreach clinic. With the support from the Belgium embassy we received furniture i.e chairs, tables, shelves and laboratory equipment including a Complete Blood Count machine. This has enabled us to provided a better environment and diagnostic services for our patients. With the help of the SUSTAIN/THALAS projects, we were able to resume doing advanced tests like CD4 and Viral load tests. This was indeed a great relief since we had not been able to do these tests during the second and third quarters.

We have been able to make it through the year with support from our funders; The US embassy small grants project, Friends of Reach Out (FORO), USAID & the Union (TB Control Assistance Program, USAID projects SUSTAIN and THALAS, Hope for Children, African Palliative care Association, Culture without borders, Belgium embassy and Danish embassy. Thank you all very much.

KHC has also got very good friends all over the world in Denmark, Australia, Norway, Italy, Iceland, the United States and the United Kingdom. We get gifts in form of cash donations for the palliative care program, support for the school fees project and the orphans and vulnerable children's activities. Many of the friends/KHC ambassadors also help sale our high quality beads which is a major source of income for our school fees project. We thank you our ambassadors for the great service that you provide for us.

Please take some time and read through our 2010 report, it gives details of all the services we provide, our achievements, challenges and future aspirations.

Dr. Samuel Guma

Executive Director

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ABBREVIATIONS

AIC AIDS Information Centre

AIDS Acquired Immuno-deficiency Syndrome

ART Antiretroviral Therapy

ARV Antiretroviral

VICTASS Community 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

HBCT Home Based Counselling and Testing

HIV Human Immunodeficiency Virus

JCRC Joint Clinical Research Centre

KHC Kawempe Home Care

OI Opportunistic Infection

PCAU Palliative Care Association of Uganda

PCR Polymerase Chain Reaction

PMTCT Prevention of Mother-to-Child Transmission

TB Tuberculosis

VCT Voluntary Counselling and Testing

WHO World Health Organization

BFE Beads For Education

1.0 CLIENTS SERVED AT KAWEMPE HOME CARE

The quality of life of clients at Kawempe Home Care living with TB, HIV/AIDS and or cancer has greatly improved this year of 2010. A total number of 1585 clients have experienced prevention and relief of suffering through early identification, assessment and treatment of pain. Their Physical, psychosocial and spiritual lives have also been greatly impacted. The clients enrolled on the program are all first counseled and tested for HIV. 1122 clients were tested this year and all received their results. 352(31%) clients tested HIV positive and 770 [69%] tested HIV negative.

- 813 are active on HIV/AIDS treatment, 591(73%) are female and 221(27%) are male.
- 67 clients are active on TB treatment, 28(42%) are female and 39(58%) are male.
- 89 mothers have cumulatively been offered PMTC services and 41 of the no are active on treatment.
- A total number of 632 clients have been offered ART services, 461 are active, and of this no 327(71%) are female and 134(29%) are male.
- 5 clients are currently on treatment for Cancer, two male and two female. A total of 8 patients with Cancer were cared for.

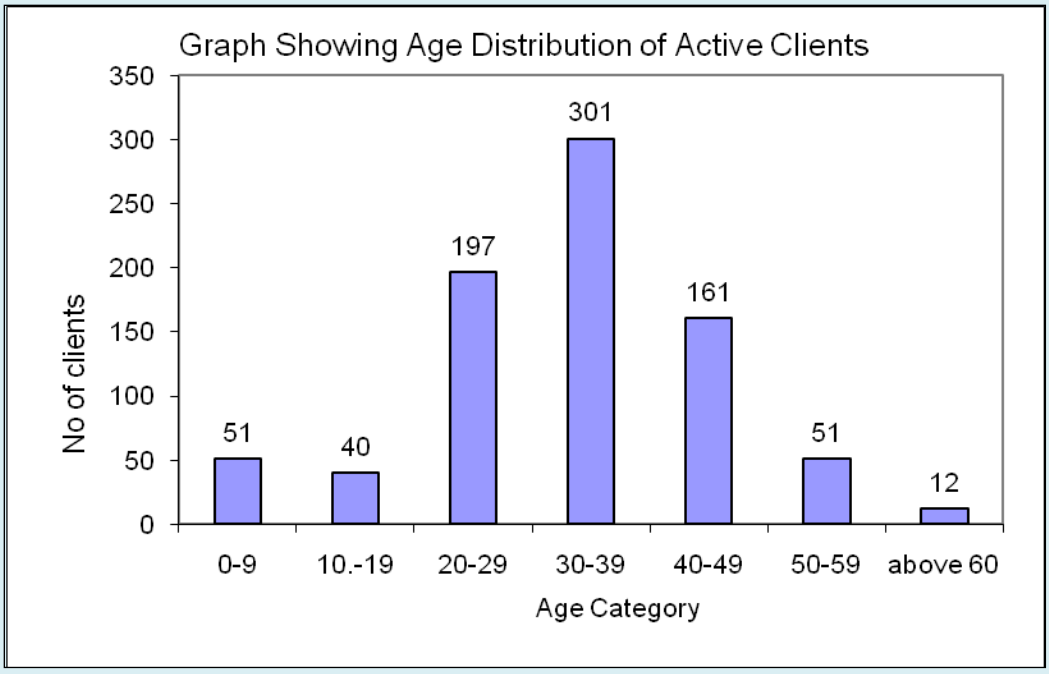
At the end of 2010, 70% of clients receiving treatment were women and this has highlighted on women's vulnerability to HIV infection. The KHC team is working hard to reduce the burden of the epidemic through creating awareness among women.

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 51 clients between the age group of 0-9 years, 40 children are between 10-19 years, 197 clients are between 20-29 years, the highest number of clients registered are 301 and are in the age group of 30-39. They are 161 clients between 40-49 years, 51 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.

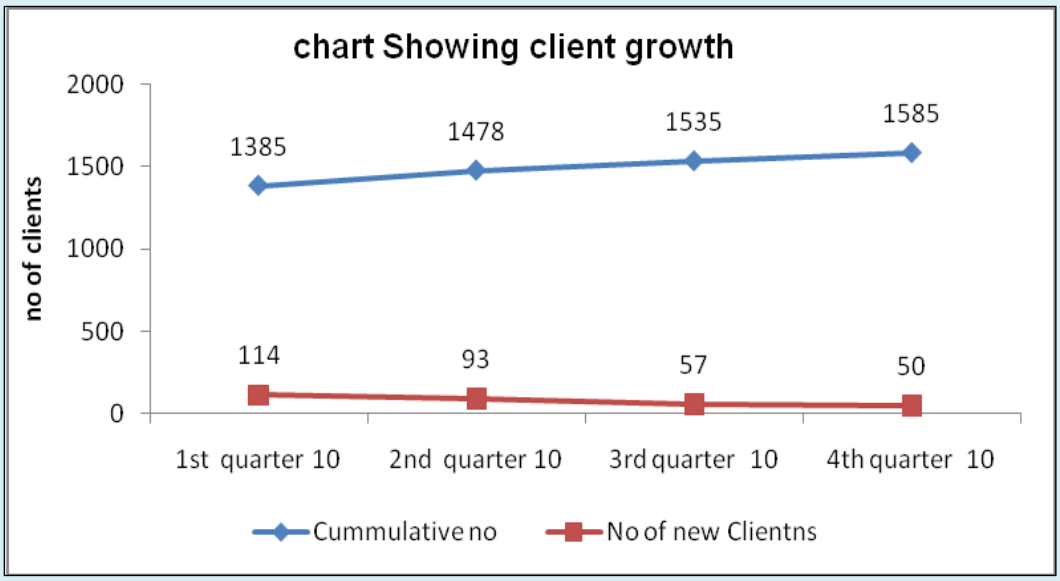
Graph 1: Shows distribution of active clients by Age



1.0 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 during the year as shown in graph 2 below.

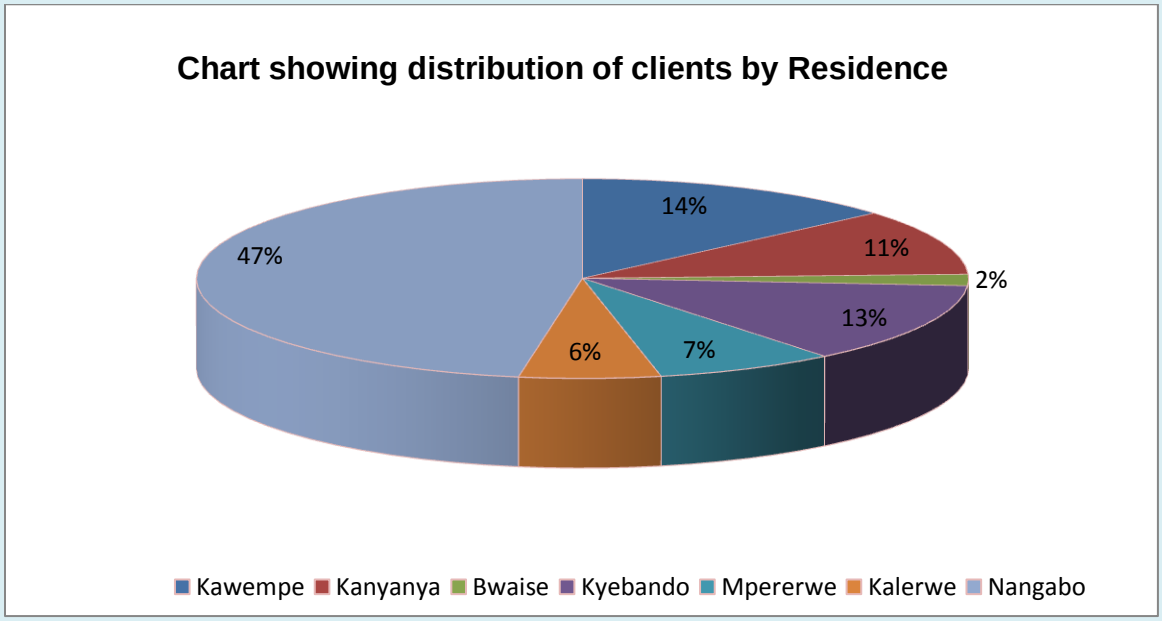
Graph 2: shows client growth



2.0 CLIENT'S RESIDENCE

Kawempe Home Care operates in the division of Kawempe, in the parishes of Kawempe, Kanyanya, Kyebando, Kalerwe, Bwaise and Mpererrwe 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 Ruth Asiimwe

2.0 MEDICAL PROGRAMME

The KHC medical team is divided in four sections, the clinical team, the counseling section, the laboratory and pharmacy. The medical team continuously offers comprehensive HIV and palliative care to people living with TB, HIV/AIDS and or Cancer. The Medical Services provide treatment to individuals and gives them full access to comprehensive health at no cost. The clients enrolled on medical care are referred to the clinic through the counseling section.

2.1 COUNSELING SERVICES

Under HIV counseling and testing, the counselors at KHC do couple counseling, repeat tests and majorly ongoing counseling. This year areas addressed in the community were rotating around addressing stigma, discrimination and fear of disclosure. Also client's individual evaluation of personal risk transmission was done, preventive behavior was encouraged, coping mechanisms when the client is confronted with a positive result were given to the clients and they were also empowered to develop the ability to make wise and realistic decisions. Picture 1 left shows a counseling session

2.1.1 HIV counseling and testing (HCT)

In the 2010, counseling section counseled and tested 1122 clients and all of them received their results. 352 [31%] clients tested HIV positive and 770 [69%] tested HIV negative. The table 1 shows details of counseling done in 2010

Table 1: shows details of VCT 2010

	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Negative	277	228	150	115	770
Positive	132	101	61	58	352
Total	409	329	211	173	1122

2.1.1.1 Repeat HIV Tests.

20 clients opted for HIV repeat tests after the first HIV counseling and testing to exclude false negative results following the window period among other reasons. Out of the 20 clients 18 confirmed HIV negative and 2 clients were HIV positive. They were enrolled on care.

2.1.1.2 Couple HIV Testing

As part of voluntary counseling and testing, 41 pairs of couple were counseled, tested and given results of which 34 couples tested HIV negative, 3 tested concordant positive while 4 tested discordant.

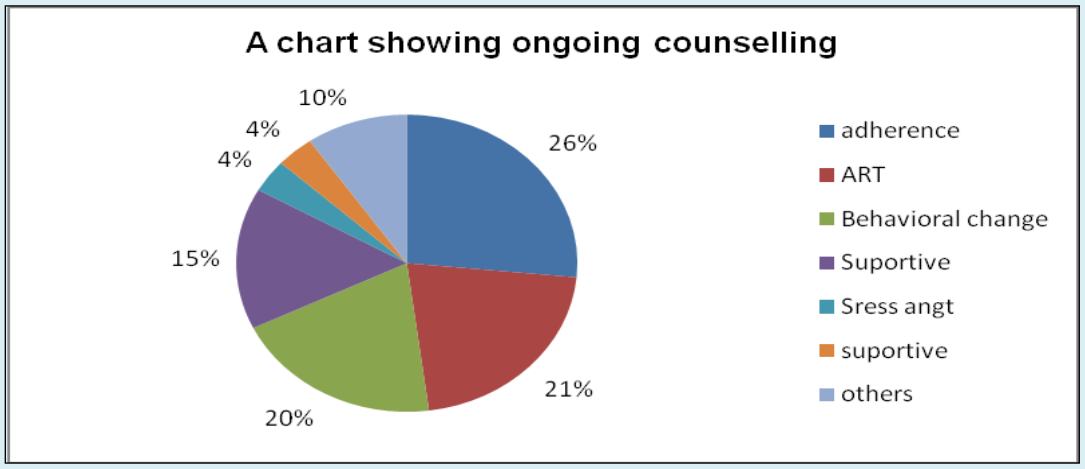
Table 2: shows couple counseling

	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Negative	11	8	7	8	34
Positive	0	1	0	2	3
Discordant	2	1	0	1	4
Total	13	10	7	11	41

2.1.2 Ongoing counseling

This is the follow up counseling given to clients who are already on the program. It is done both at the clinic and clients homes through home visits. The ongoing package includes positive prevention, positive living, stress management, ART and TB education, adherence and PMTCT counseling among others. Thanks to the 4 full time counselors who have worked tirelessly as a team this year, to provide the services needed to 1098 clients who were followed up. Out of this number 281 were for adherence counseling, 277 for ART, 211 for Behavioral change, 163 for supportive counseling, 38 for stress management , 38 for positive living, 30 for disclosure and 12 for others counseling as seen in graph 3.

Chart 2: Shows ongoing counseling done.



2.1.2.1 CLIENT'S WORKSHOP

Counseling section organized client's workshops which were done every quarter. This was aimed at improving adherence to treatment, strengthening behavioral change, spiritual growth among others. The workshops were very successful with clients sharing among themselves their experiences on how they adhere to their drugs and as well as disclosure.

Picture 2 left shows clients in one of the workshops.

As a result of these workshops, clients adherence improved, some also reported a change in behavior, , those who had not yet disclosed were encouraged to disclose , and in general their was an impact in their psycho-social lives. The counseling team together with the clients appreciates the administration for this support.

2.1.3 CHALLENGES AND OPPORTUNITIES

The major challenge being faced in the community has always been stigma, this was evident last year with many our clients not wanting to be identified with their clinics, 19 clients did not want to be seen getting drugs from their home area, and other clients who tested HIV positive did not want to be enrolled on the program, because of stigma. However our counselors have addressed the issue emphasizing the importance of disclosure and as a result some of the clients started being comfortable visited at their homes and others have gone back to their clinics.

The opportunity presented to clients in form of the quarterly workshops where clients shared their experiences was much appreciated and it increased on the adherence to treatment and improved relationship among the clients themselves and the counselors. However, the workshops could not be done monthly as the clients request due limited funds.

The Counseling section's yet another was not doing Home Based HIV counseling and Testing as most clients would love to have services at home. However, if funds become available, the counselors are very ready to embark back on the activity they once enjoyed.

Compiled by Tusimemukama Alicitidia

2.2 CLINICAL SERVICES

This year KHC clinical services have been expanded enabling more people to benefit from the comprehensive holistic services that are offered. These include starting a second clinic day at the Kasangati outreach clinic which has enabled more people in the community to access the services. The mobile palliative home care team continued to provide this valuable service to the critically ill or bed ridden patients, through routine home visits twice a week and emergency home visits on other days.

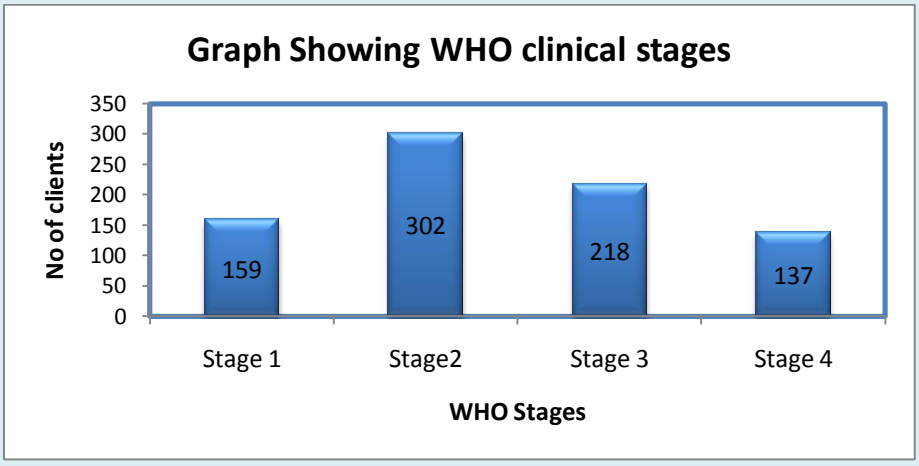
In an effort to maintain a high quality of service provided by the clinicians, we have continuous medical education sessions twice a week in form of presentations and discussions of different manifestations of HIV, TB and Cancer. We also have a weekly case conference where by patients with challenging conditions/issues are discussed. This year we also had external trainings in TB/HIV co-management, Palliative care and joint CME case presentations of JCRC TREAT sites.

The clinic infrastructure at the Kasangati clinic has been boosted with new furniture in form of chairs, desks and cupboards and laboratory equipment. The clinicians are now able to request for a variety of tests from the laboratory to aid diagnosis. In the first three quarters of the year we had extreme difficulties in getting CD4 and Viral load tests, however in the fourth quarter after the new SUSTAIN and THALAS projects started, we were able to do these advanced investigations.

2.2.1 Clients Status

As part of routine monitoring of the patients their WHO clinical status is recorded at enrollment and every visit. This helps the clinicians to make decisions on management of the patients. The Karnofsky's score is also taken at each visit to give a measure of the quality of life that the patients have at a every home or clinic visit.

Graph 3: Shows the distribution of the WHO status of the active patients



The chart above shows the distribution of the WHO clinical stage of the active patients. The majority of patients 302 (37.1%) are in clinical stage 2 and the minority 137 (16.9%) in clinical stage 4.

2.2.2 Clients on ART

This year the Global supply of antiretroviral has not been sufficient and as a result many patients who were eligible to start treatment could not do so. This resulted in long waiting lists for patients to get ART and a number of patients died due to lack of access to the medicines. This year we started only 126 new patients on treatment only compared to 2009 where we managed to recruit 169 patients.

Thankfully with the support of the Ministry of health, National AIDS control program (NACP) and the SUSTAIN project, we have been able to a few recruit and maintain the old ones on treatment.

With the support of the community volunteers (VICTASS), who monitor, support and counsel the clients on ARV adherence and the counselors who do intensive ARV education for the patient and their treatment supporter, we have observed a good response to treatment i.e a general improvement in health status and quality of life.

Table 3: Number of clients on ART/Quarter

Report Period	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
No. starting ART/Quarter	26	33	47	20	126
Active clients on ART	410	424	467	461	461
Cumulative No. on ART	532	565	612	632	632

2.2.3 Medical Consultations

KHC provides care to the patients through clinic visits for the patients who are ambulatory or can walk and home visits for the critically ill or bed ridden patients in their homes. Some patients are appropriately referred to the national referral hospital for further management or investigations. The clients who are terminally ill with advanced disease are managed in their homes, where they receive pain and symptom control, emotional, psychological and spiritual support.

This year a total of 9582 consultations were done of which 409 (4.3%) were home visits and 9282 (95.7%) were clinic visits. Most consultations 2424 (40.5%) were done in the fourth quarter and the least 2383 (24.9%) were done in the first quarter.

The table below shows the consultations done this year

Table 4: Shows the number of medical consultations for 2010

Consultation type	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Clinic	2336	2271	2251	2424	9282
Home	47	120	133	109	409
Total	2383	2391	2384	2424	9582

2.2.4 Home Based Palliative Care

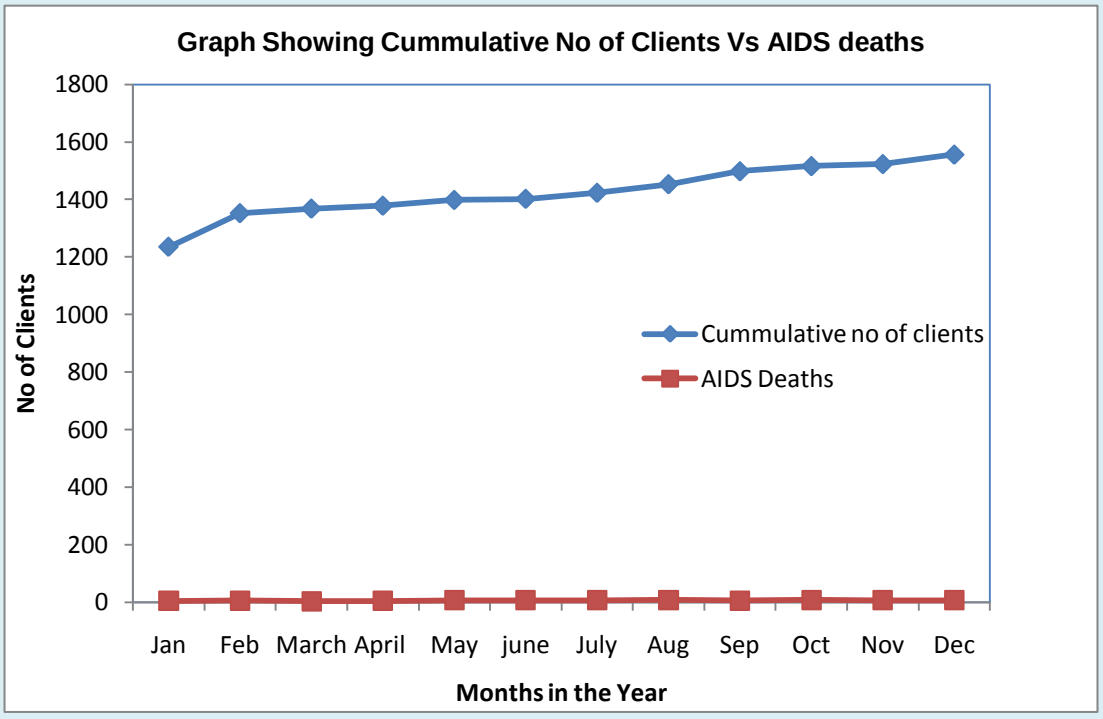
Home based care is one of the major strategies that we use to ensure that we reach the patients when they are most vulnerable and in great need. The challenges faced by the patients range from lack of social support, lack of food, lack of care i.e. feeding, bathing, cooking, lack of money to seek medical help etc. The holistic approach to care helps us to assess and identify all these needs and then plan for them appropriately.

The clinical team works with the community volunteers and social workers to assess the patients needs and plan for support. The package of care and support provided includes treatment of the illnesses diagnosed, pain and symptom control, psychosocial, emotional and spiritual support.

KHC now has two vehicles which are used by the team to go out and see the patients in their homes. We are extremely grateful to the US Mission for donating the second vehicle to us in December 2010. The other modes of transport used occasionally are motorcycles.

In picture 3 right shows the medical team going for a home visit.

Graph 4: Cumulative number of AIDS clients versus Deaths



Despite the efforts the medical team put in to save our dear clients, unfortunately we lost 48 clients this year. Of this number 22 (46%) were females and 26 (54%) were male, 22 (45%)of them were on ART, 34 (71%) were in WHO clinical stage 4, 10 (21%) clients in clinical stage 3, 4 (8%)clients in stage 2 and none in stage 1. Forty one (85%) clients had a CD4 below 250 cells/ml.

2.2.5 Palliative Care for Cancer patients

KHC continues to provide care for patients with AIDS associated Cancer and other HIV negative patients with Cancer only. This year we have cared for a total of 8 patients with Cancer 4 (50%) with AIDS associated Kaposi's Sarcoma, 3 (37.5%) with cervical cancer and 1(12.5%) with breast Cancer.

Two of these patients had advanced disease and died in their homes free of pain and comfortable with their families around them. We care for these patients in collaboration with the Cancer Institute at Mulago national referral hospital and Hospice Africa Uganda where we access oral morphine for pain control.

Table 5: Below is a table summary of the clients with Cancer on our program

Cancer type	No of Clients	Treatment	Outcome
Kaposi's sarcoma	4	Chemotherapy, HAART and oral morphine	1 client died, 3 are alive and in fair condition
Cancer of cervix	3	Radiotherapy, HAART, NSAIDS and oral morphine	2 alive and in fair condition one left catchment area
Breast Cancer	1	Oral morphine & Chemotherapy	Transferred out

Patients with AIDS associated Kaposi's Sarcoma are started on Protease Inhibitors antiretroviral medicines i.e. Lopinavir/ritonavir based regimen which is commonly used as a second line regimen. This medication reverses the progress of the cancer and reduces the size of the cancer nodules. The patients with this condition have greatly benefited from this medicine.

2.2.6 Prevention of Mother to Child Transmission (PMTCT)

This year we cared for a total of 78 mothers on PMTCT program, of whom 38 (47%) were new enrolments this year. We are especially proud to report that 24 (100%) of all the 24 babies delivered this year turned out HIV negative. Special thanks to the PMTCT focal person, the counsellors, the community volunteers and social workers who provided education, counselling and social support to the mothers and their children. The table below gives details on the category of mothers and the respective outcomes of the project.

Table 6: Shows the numbers of mothers on PMTCT program

Category	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
No of new mothers	9	13	8	8	38
No. of Active mothers	41	41	43	41	41
No. of deliveries	5	6	7	6	24
Total no of babies tested	5	6	7	6	24
No of babies testing positive	0	0	0	0	0
No of babies testing negative	8	16	19	11	54
Cumulative no of clients	49	62	70	78	78

2.2.7 Paediatric – Adolescent Care

KHC has cared for 91 children this year, of which 11 new children were enrolled this year. The majority were enrolled in the first quarter and the least in the 2nd and 4th quarter. These children receive a comprehensive package of care from clinical care, children's day care for less than 5 year olds, Saturday teens club and music dance and drama group the Kalimarimbas. These psychosocial support programs help them build their self esteem, remove stigma and provide the much needed emotional support.

Picture 4 above shows a child on a clinic visit.

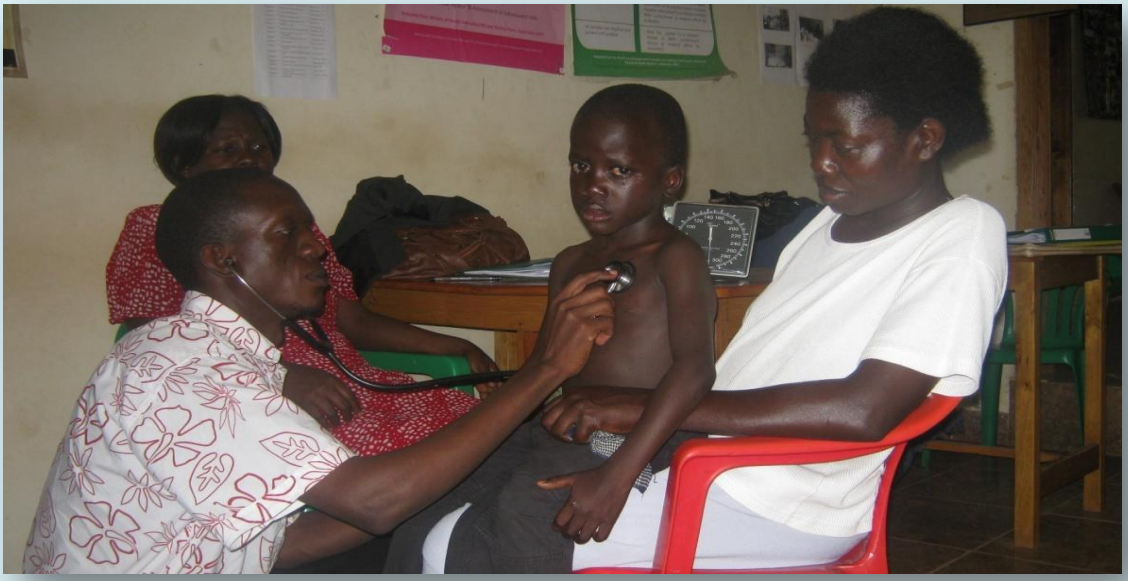


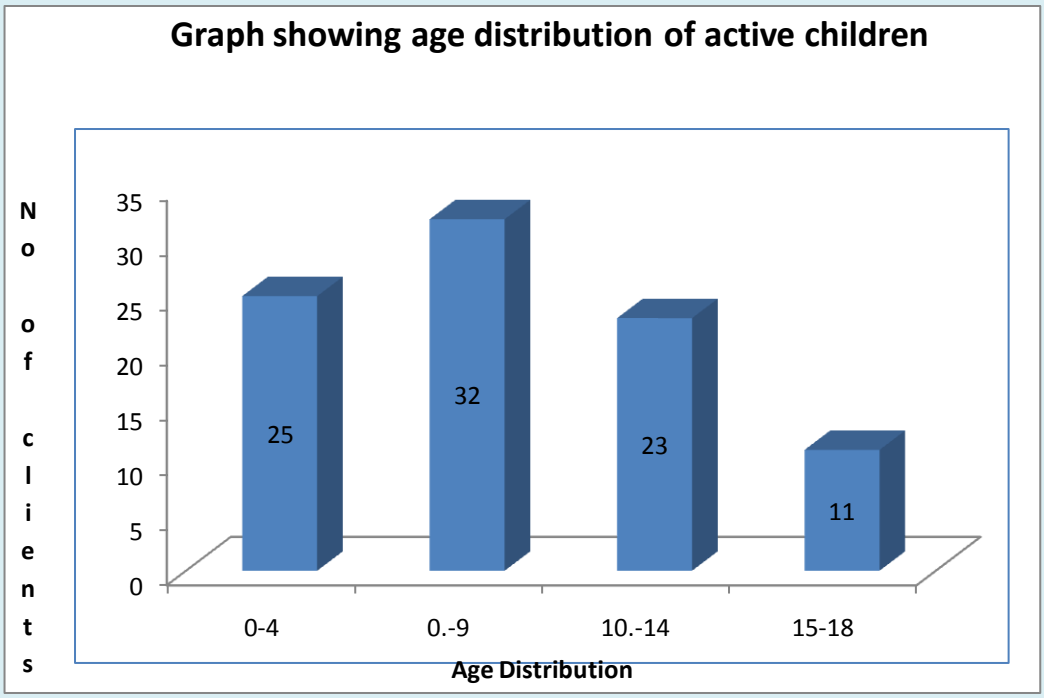
Table 7: Shows the Status of the Children our care

Category	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Newly enrolled	5	1	3	1	11
Active	87	81	89	90	91
Cumulative	142	143	146	147	147

146 children have been cared for during this reporting period, of this no, 91 children are still active, 25 clients are between the age of 0-4 years, 32 clients are between the age of 5-9, 23 clients are between the age of 10-14 and 11 clients are between 15-18.

Three children are active on TB treatment, 2 are female and 1 is male. 36 children are on ART, 19 (53%) are male and 17(47%) children are female. The children are offered a comprehensive holistic care, their health has steadily improved, no child passed away during this reporting period. The graph below shows the age distribution of active children on the program.

Graph 5: Age distribution of active children on the program



2.2.8 HIV/TB Integrated Care

TB/HIV co-management continued to be one of our major activities in the clinic. This year we cared for a total of 145 patients with TB, of whom 116 (80%) were HIV positive and 29 (20%) were HIV negative. The program currently has a total of 67 patients receiving treatment. The services provided to the TB patients include clinic visits, home visits for the very ill or bed ridden patients, food support and adherence counselling and monitoring by the community volunteers.

In picture 5 above, a TB suspect client is consulting a clinician

This year the KHC clinicians held a training of trainers of health workers in Kampala district in TB/HIV co-management on behalf of Kampala city council. The training was highly successful and many of the participants appreciated the knowledge gained from our clinicians. We were also able to train community volunteers from Mengo hospital home care to do community based DOT.

Table 8: Below shows the numbers of TB patients cared for

Patient Category	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
No. Active patients	52	52	59	67	67
New pts enrolled	24	23	27	24	98
No of clients who had an HIV results recorded in the TB register	24	23	27	24	98
No of patients on cotrimazole prophylaxis	52	52	59	67	67
Completed treatment	15	13	13	9	50

An evaluation of the TB/HIV program at KHC revealed a cure rate of 86% and a treatment success rate of 91%. We would like to thank the Union and USAID (TB CAP) for the support they gave our community based DOTS project, the National TB and Leprosy Program for the support of TB medications.

2.2.8 Clinical Research

2.2.8.1 Mobile phone text message adherence support project

KHC and Text To Change a health communication company, carried out a 6 month pilot study whose aim was to determine if mobile phone text messages would be used to improve adherence of antiretroviral medicines. Two groups of patients on ART were selected i.e. Kawempe and Kasangati clients. The Kawempe group would receive text messages twice a day and the Kasangati patients were not sent any messages. The community ART adherence support by the community volunteers continued for all patients.

A total of 224 patients were eligible for the study, of these 112 (50%) were in Kawempe and 112 (50%) were from Kasangati. The baseline adherence for Kawempe patients was 85%, with 75% of them having a baseline adherence greater than 95%. The Kasangati group had a baseline adherence of 81%, with 72% having an adherence greater than 95%. At the end of the study the Kawempe group had an average adherence of 92%, with 90% of patients having an adherence greater than 95%. The Kasangati group had an average adherence of 87%, with 76% having an adherence greater than 95%. After 6 months of the intervention, viral load tests were done for both groups. In Kawempe, viral load tests were done for 104 patients and 98 (94.2%) had less than 40 copies/ml (undetectable) and only 6 (5.8%) had greater than 40 copies/ml (detectable). In Kasangati out of 90 patients tested so far 79 (87.8%) had less than 40 copies/ml and 11 (12.2%) of the patients have greater than 40 copies/ml.

The text messages sent to the patients in Kawempe, significantly contributed to the increase in adherence levels and a correspondingly very high level of viral suppression compared to the control group in Kasangati. The study therefore shows that daily text messages sent to patients on antiretroviral therapy can increase their adherence and give high rates of viral suppression.

2.2.8.2 Quality of Life Survey

A second quality of life study was done on a cohort of patients who had previously been assessed in 2009. The aim of the study was to measure the QOL of a cohort of HIV positive patients on ART and receiving comprehensive holistic care and support.

The quality of life was measured using the Medical Outcomes Study – HIV survey tool (MOS-HIV) between May to October 2009 and between May and June 2010. Outcome measures were 11 QOL dimensions scores and mental health summary (MHS) and physical health summary (PHS) scores. The data was analysed using descriptive statistics and survey outcomes were compared using the paired t-test. Associations between socio-demographic/clinical variables and QOL were measured using uni-variate analysis of variance (ANOVA).

The findings showed that there were no significant differences in the summary scores of the first and the second survey (MHS p= 0.082 and PHS p= 0.343). The results showed that KHC had been successful in maintaining the overall QOL of in these patients. The survey also found that interventions like income generating activities, education on early detection of ART side effects and capacity building of community health workers played a major role in maximizing the QOL of the patients.

SUCCESS STORY LUWANGA HARRIET.

*MY name is Luwagga Harriet **(in picture 6 left**) i am 36 years old, from Gayaza Nangabo, sub-county in Wakiso district and this is my story.*

The year was 2008 when my mother tested my last born and found him positive and she requested that I do similar test, which I did giving me the same results. On receiving the HIV positive results, I felt so sad, knowing that my life would soon be no more and also for my baby boy. I was not ready to cope up with the situation, so I went back to Juba to continue with my business.

In 2009, I became very sick, could hardly stand or walk. A friend brought me back to Kampala and i decided to go to KHC for treatment. My condition worsened every new day, I developed liver and kidney problems then i was diagnosed with abdominal TB. This was very bad news on my side, I lost weight, had fevers all day long and even had no appetite. I would spend my nights in tears, my mum, never cared about me, there is a particular time, she would tell people that I was dead, only for them to find me alive, psychologically this tortured me, knowing that no one wanted me around.

However, I was comforted in the love and hope I found in the team of Kawempe Home care, they became my family, they visited every week, encouraged me to take my medication and made me realize that life was still promising, they loved and reassured me that all is going to be fine. My community volunteer Nakyazze made sure I adhered to my medication, she even prayed with me and so did the counselors who also taught me among other things the TB education. The medical team, visited me, gave me drugs, cared for all my medical needs. In no time I started getting better; I later walked on my own and even prepared myself a meal!

I was started on ARVS and I am adhering well to all my medication. Within a few months, my TB treatment was completed, what I thought would be a long journey, was made easier for me, with the Help of KHC. All my pain was relieved and troubles were all taken away! I am planning to go back to work soon and pay fees for my children.

To all staff of Kawempe Home Care, I owe you my life and I am very grateful.

I was comforted in the love and hope I found in the team of Kawempe Home care, they became, my family, they visited every week, encouraged me to take my medication.

Compiled by Dr Samuel Guma and Sarah Komugisha

ABOUT KHC - MESSAGE FROM THE CLINICAL CORDINATOR

I love working with the patients, knowing that they are giving me the privilege of listening to them and giving me the opportunity to help them. My pride is not only found in diagnosis, going out for a home visit, providing treatment, giving nursing care, counseling and support to meet the psycho-social needs of the patient but also in the referral and follow up on my patients up to the time they get better

I am Komugisha Sarah, the clinical coordinator of Kawempe Home Care and have been with KHC since 2007. When i started working with Kawempe Home Care, I realized many people in this area actually needed help which had not been given to them and KHC was now readily availing this care and treatment to the clients. Every new day, many more people would seek the services being provided, I was proud to be among the members providing these services, this inspired me to work harder.

As an individual and a nurse, I love working with the patients, knowing that they are giving me the privilege of listening to them and giving me the opportunity to help them. My pride is not only found in diagnosis, going out for a home visit, providing treatment, giving nursing care, counseling and support to meet the psycho-social needs of my patients but also in the referral and follow up of all my patients up to the time they get better.

The achievements of last year make me look forward to the new 2011 with motivation to continue with my work, this motivation comes from the success stories of those patients with tuberculosis who completed treatment and were declared cured, from the HIV/ AIDS patients who start on treatment and then begin to actually feel and look better and as well as the Cancer patients, who are relieved from pain. I remember the clients, who thought they could not make it to 2011, but we provided care to them, simply moved by love and they survived and are getting better. Then there are those clients who call me “Dr. Sarah” yet I am a nurse, it makes me proud and I give in all my best to serve them.

Looking back, where KHC started from; the conditions were harsh, had no food, no breakfast, no chairs, no tables, and no drugs for patients. A community volunteer offered us her home and we would sit on her kid's beds and write on papers using our laps which would make us very tired by the end of the day. However we did not give up on our patients and on those who believed in us, right now when I look at how far God has brought us, it gives me more love and happiness to continue doing what I love doing best. Above all, being one of the founder members inspires me more to continue with the struggle to help KHC acquire its best as far as patient care is concerned. I am currently pursuing a degree in nursing to help improve on my skills and knowledge to manage the patients. Thank You.

2.3. LABORATORY

This year, we did a total of 5201 laboratory investigations as shown in the table below. We have continued to have most of the sophisticated laboratory investigations performed at the Joint Clinical Research Centre (JCRC) under the SUSTAIN Project; and they include CD4,Complete Blood Count (CBC), Liver function tests (LFT)and Renal function test (RFT).

We are very grateful to the SUSTAIN project and the ministry of health, Uganda. These tests mentioned together with others performed at the site are done in preparation of patients for antiretroviral therapy and/or routine monitoring during the course of treatment.

The proportion of laboratory tests performed at the site has continued to increase this year (51%).This can be attributed to the countless support we have continued getting from individuals, organization, embassies and the civil society. In particular we are grateful to the Belgian Embassy which donated generously to equip the laboratory at the outreach clinic as seen in the picture below

The picture 7 above shows Josephine performing a complete blood count using the newly acquired CBC machine.

Table 9: Shows summary of the investigations done in 2011

TEST		POSITIVE OR ABNORMAL	NEGATIVE OR NORMAL	TOTAL
Sputum(ZN)	PRE-TREATMENT	109	481	590
	FOLLOW UP	27	201	228
Blood smear for malaria		87	404	491
Cryptococcal Agglutination		0	5	5
Haemoglobin Estimation		66	139	205
Toxoplasma		1	7	8
HIV Rapid tests		408	852	1260
Pregnancy test		47	60	107
Syphilis		2	46	48
Complete Blood Count		19	437	456
Urinalysis		83	63	146
Renal Function Tests		0	5	5
DNA-PCR (DBS)		1	104	105
Liver Function Tests		0	4	4
CD4		0	0	1105
Blood Group		0	0	4
Brucella Agglutination		2	19	21
Widal		2	20	22
Malaria Rapid Tests		1	18	19
Viral load		0	0	367
ZN (Aspirate)		2	0	2
Hepatitis A		0	2	2
Stool Analysis		1	0	1
Total				**5201**

Compiled by John Apuuli laboratory technologist

3.0 COMMUNITY AND SOCIAL SUPPORT

The community and social support department has worked so hard in 2010 to take care of the psychosocial issues of our patients. KHC as an organisation has gone an extra mile to help the people living with HIV/AIDS. With the holistic model of care, the organisation has not only taken care of the medical needs of the patients but also the psychosocial and spiritual needs. the community and social department is made up of different sections; the community net work of care, Orphans and vulnerable children, the social support and sensitization section, all these sections have worked hard to see that the psychosocial needs of the patient are well catered for as shown below:

3.1 Community Network of Care.

The community network of care through the community volunteers has achieved a lot of successes in the year 2010. A total number of 20 volunteers ***(some of them in picture 8 above left)*** have continued to offered support to the clients and their role is divided into four categories; Drug adherence support, CBDOTS, Home based care and meetings. They have worked hard for the people in the community and the clients symptoms have been alleviated, they have promoted hygienic practices, prevented the further spread of disease, administered ARV drugs and monitored and recorded progress of the clients.

3.1.1 Monitoring drug adherence.

As major component of care offered by the volunteers, monitoring of drug adherence which is done through counting the pills every time the volunteers visits the patient, check the treatment card and also the volunteers ask a few questions focused on the adherence and compliance. The support has been enhanced through sending text messages reminding the patients to take their drugs. Appreciation to Text To Change for the support given and indeed the adherence of our patients has greatly improved because 93% of the clients have an adherence of above 95%.

The volunteers visited an average no of 592 patients monthly and made 1,174 home visits monthly and a total of 14,083 home visits. Throughout the year, 14,083 home visits were made and out which of 5773 (41%) were carried out on TB patients.

3.1.2 CBDOTS

Community based directly observed therapy has greatly boosted the TB treatment outcomes of TB treatment care. We have continued to visit the TB patients according to the phase to which they belong. However CBDOTS was a bit paralyzed by the closure of TBCAP

project which supported our community volunteers in terms of transport, airtime, and stipend among many more items that is needed in provision of CB DOTS.

The team still continued to do CBDOTS and this year 145 clients were cared for, 50 clients completed treatment, 15 died, 13 patients were transferred to other centers and 67 patients are still active on treatment.

3.1.3 HOME BASED CARE.

These are activities done for the bedridden patients that are unable to do any work for themselves. A total of 159 patients received this care and some of the activities that included dressing wounds, supporting the patients to stand, taking simple walks, washing the clothes, cooking food and changing beddings ***as seen in the picture 9 right***.

Another major achievement done by the community volunteers this year was maintaining regular contact with the clients; this relieved any sense isolation that the client and their family are facing. The volunteers also created a relationship with our clients care givers in a bid to offer them psycho social support; this strengthened their emotional strength and empowered them to be more instrumental in providing care to the clients.

3.1 4 CHALLENGES AND OPPORTUNITIES

An international volunteer Inger Darforlt bought for all community volunteers rainy coats and gumboots and this facilitated their work during the rainy seasons.

The community volunteers also had a refresher course and this re-enforced their knowledge on HIV/TB care and support.

The main challenge encountered in 2010 was the shortage of funds to run the community activities especially in the fourth quarter when TBCAP project ended. This made the work be at stand-still since we lacked funds to facilitate the community workers in terms of transport, airtime, stipend which were very essential in the day to day work. The community workers are however are encouraged to continue working as we look for funds to support them.

THIS IS MY STORY- STELLA NAYIGA: client and community volunteer KHC

Nayiga Stella

Client and community volunteer KHC

"I treat people living with TB, HIV/AIDS and or Cancer with dignity and respect; I attentively listen to what they have to say, respecting their need for confidentiality and privacy. There are those people who live in denial and anger, as their community volunteer, I Let them know that it is okay to talk about their feelings or to show anger and my role is to listen, I have never stayed away"

I am Nayiga Stella a community volunteer in Kawempe Home Care. I joined KHC as community volunteer for the training and during this session I got interested in knowing my HIV status which turned out positive. Later, I was screened for TB and unfortunately I was diagnosed with TB, this I could hardly believe since I had suffered from the same five years back and completed my treatment. It made me feel bad, bitter all the time and irritated about myself, I had a lot of Stigma but all the same I started my treatment for nine months till I got cured.

At the time, till now, I work in community, looking after clients with HIV, TB and Cancer and as well as do Home Based Care and CB DOTS. I get in touch with different clients and each one of them has unique needs and I usually handle them differently, considering my life lessons, am always motivated by the clients that I serve to do my job better, I serve them, with passion and love, knowing so well, how much they need it (especially the love). As a community worker am touch with clients, who have stigma, I talk to them on a personal level, sharing my experience with them, and slowly by slowly, they start getting along and disclosing to their relatives and friends.

The clients I serve are in Kalerwe which is a slum area with many people and who need our help, and this is what I offer them, I treat people living with TB, HIV/AIDS and or Cancer with dignity and respect, I attentively listen to what they have to say, respecting their need for confidentiality and privacy. There are those people who live in denial and anger, as their community volunteer, I Let them know that it is okay to talk about their feelings or to show anger and my role is to listen, I have never stayed away. More often I find myself sharing my concerns and feelings with them, this helps them to understand that they are not alone, we have all been there.

I believe we the people with HIV tend to pretend like everything is normal just like anyone else and yet most times we are hurting; I do not do that, especially with the clients I serve. I encourage them to be open about their situation and always refer them for counseling, when my patients are sick, I offer to shop and cook for them, I also wash their dishes and clothes; they never have to ask me. I love doing my job, when my clients are happy, then I am also very happy!

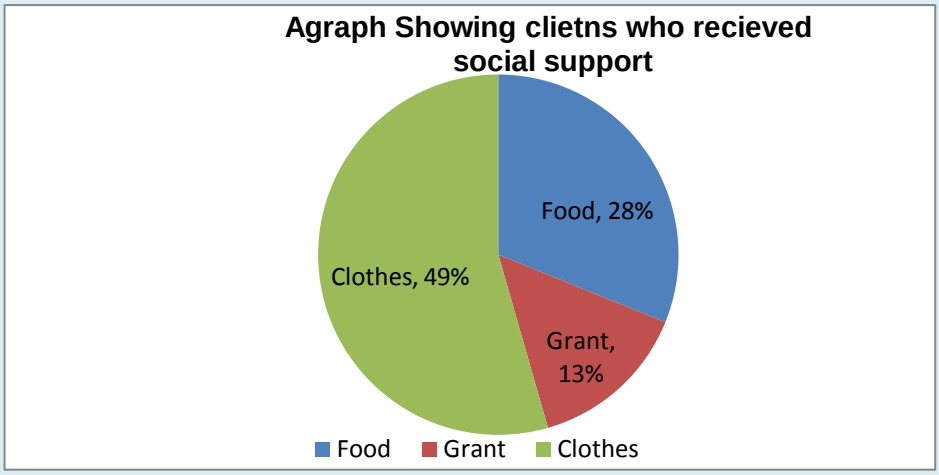
3.2 PSYCHOSOCIAL SUPPORT

The devastation brought about by HIV is real whether the blow is measured or not. The people living with HIV/AIDS are affected psychologically and these effects are the least tangible and most difficult to address and yet they impact on the all the aspects of ones life. KHC is giving a priority to provision of Psycho-Social and Emotional Support. This support is given to everyone with emotional suffering such as depression, aggression, failure to thrive, malnutrition, etc.

The psychological support has greatly complemented the medical care given to the patients. This support consists of the food support, grant support, transport to hospitals and other items like clothes to the very poor HIV positive clients. The support given to the clients has improved their adherence to drugs and as well as ART adherence and retention in care. Their quality of life has also improved. Appreciation to FORO for the support given to us in form of Grants and food to help our clients.

A total number of 288 patients benefited from at least one of the above programs. 37 patients received grant for small businesses, 80 got food and 171 patients received clothes that were donated to the organization by our local and international friends. The graph below shows the number of client who received social support in 2010.

Chart 3: shows social support done in the year



The lesson learnt this year is that the clients benefiting from this support have had their lives improved; they also have less pain and are less distressed about their health.

KHC is putting in a lot of effort to get funding for this particular cause.

3.3 ORPANS & VULNERABLE CHILDREN (OVC)

The OVCs program cares for 244 children, of these 89 are in the school fees program, 19 are in day care, 92 are in Kali marimbas (Golden vessels) and 44 are in the teen's club.

3.3.1 School fees program

Home care education support program has achieved an improvement in the last three quarters where 20 children have joined school, hence having a total number of 89 from the initial 69 children. We would like to appreciate the support given to the children by our friends in the United Kingdom, Australia, Denmark and Norway. The beads project has been a great success so far in providing funding for the children's fees and scholastic materials e.g. books, bags to mention but a few. A parents meeting was held in the holidays, where the children's performance was discussed, health and books were checked. The children are doing well and always thankful for the gift of education given to them

3.3.2 Teen's club

The club consists of young people living with HIV/AIDS below the age of 18 years and they are 44 in total. These children gather together every Saturday and in the holidays and acquire some skills. They are also given psychosocial support like counseling, life skills, assertiveness and other have become peer educators and others are now helping us to mobilize teens in the community in the fight against HIV.

The teens meet every Saturday together with the kalimaribas to share more about their life and education, they are always encouraged by their peers knowing that they are not alone, every year they teens had a beach bash at Aero beach, at the end of the year as **seen in picture 11 left** and it was definitely fun! Appreciation to the US embassy who sponsor the activities of the Teens club.

3.3.3 The Kali-marimbas

The Kali marimbas, formerly known as the Golden vessels has maintained 92 members. The year 2010, the team has acquired new costumes, a complete set of African traditional instruments, staged two presentations and many other items needed for their work. It was a great year for the children during their practice and different presentations where they we able to show to the rest of the people what they can do. Their parents appreciate the opportunity given to them to develop their talents. They joined the teens club at the end of the year at the beach bash and they are looking forward for another great year in 2011.

3.3.1 Day care program

The Day care program has 19 children less than 5 years of age. The children meet every Wednesday and share laughter, fun, food and also study. They are also visited at home for emotional support which is provided by cuddling, loving and actively listening to them which help them get a sense of belonging to one family. Psychosocial support which includes music, dancing, playing, good nutrition, pre-school education and child counselling given to them has helped them to acquire a steady growth and healthy mind. The kids have also and developed a sense of sharing with each other.

The children have continued to receive treatment from KHC, as well as psychosocial support. The children also had an end of year party (Christmas Party) which was held at Centenary Park in Kampala and had lots of fun and they went home away with gifts. The parents appreciated all the support given to the children, below is a success story for one of them.

success story-Brian

Selugya Brian is a resident of Kiyanja born to Hadija in August 2007. He acquired the infection from the mother who had not tested for HIV; therefore she didn't know her status then. Brian's mother was discharged from Mulago and she went home to breast feed Brian. Brian started getting sick and suffered from prolonged diarrhea. The mother tried treating Brian but in Vain until her husband's sister brought Hadija (Brian's mother) and Selugya James (Brian's Father) to KHC.

They both found out that they were HIV positive in 2008. The couple was counseled and advised to test the child. Brian was tested and was also found to be HIV positive. He was started on treatment and later on ARVs in February 2010. Brian's life style is fairly okay, he plays and feeds well. However he is not able to get the necessary foods as a child that is growing up while at home, but he gets this joy from Kawempe Home Care and since his health has improved and he plays with his friends every Wednesday in the day care. Brian lacked attention from home and whenever he came to KHC he made noise, stained his clothes, fought with his playmates. He used vulgar language, was disrespectful and was sometimes a disobedient. However as he continued to attend the day care program he has reformed, he interacts well with his friends, feeds well, healthy, smart, grasps concepts, he is cleaner and much more obedient. He also enjoys soccer and likes playing with toy cars. Brian's parents had another baby into the family, (Brian's sister) whom he is fond of.

3.4 HIV PREVENTION PROGRAM (SCHOOL AND COMMUNITY SENSTIZATION)

Community sensitization and mobilization towards awareness and prevention of HIV/AIDS is of vital importance to Kawempe Home Care. The team of committed peer educators has been energetic in sensitization the community and schools, not only on knowledge of HIV /AIDS but also of TB and as well as address other areas, as requested by the community. The team is always well equipped with skills, knowledge and tools necessary to make them competent enough to deliver the knowledge to the community and especially to the young generation in the schools.

This year a total no of 6003 people were reached out in the community, of this total number 3379 (56%) were done in the community and 2626 (44%) were done in schools. The sensitization is done every day at the clinic, twice in the community and twice in the schools. The team engages the people being sensitized in Participation where by an individual or a group of individuals are encouraged to contribute to the definition and expression of their needs and also decide about the methods and measures to fulfill these needs. This has brought about positive results because everyone is empowered to think on their own and behavioral changes and positive prevention especially among the school going children has been evidenced.

The HIV prevention program is proudly supported by the US Embassy,, KHC appreciates this support.

The table 10: below shows sensitization done in 2010

Indicators	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
No. of community members sensitized	847	847	721	964	3379
No. of students sensitized	76	76	349	43	544
No. of pupils	805	805	164	306	2080
No. of schools Visited	9	9	9	3	30
No. of community Out reaches done	8	8	9	6	31

3.5 INCOME GENERATING ACTIVITIES

Our Income Generating projects have continued to flourish. They contributed 35 percent of the total Income. These include the beads, piggery, and entrepreneurship.

3.5.1 Beads for Education

Beads For Education (BFE) is an income generating project tailored to help the poor and the most abandoned clients affected by HIV/AIDS in Kawempe Home Care.

The clients are trained to make beautiful beads from recycled papers. The beads are then bought from producers (clients) and re-sold to both in Ugandan and international market. The income generated is used for paying school fees to orphans and vulnerable children and running other operational activities.

A package of new beads designs

The quality of the beads has improved greatly, Thanks to Elin Aune from Norway who has spear headed the making the new designs. She has been behind training production and marketing of BfE. Throughout we managed to document BfE policy manual and conducted four refresher training courses to ensure quality

.

The picture 12 above shows the beaders graduating after their training.

We are grateful to Vanja, a fashion designer from Norway who offered to trainer our beaders at no cost. Without her efforts we would not have achieved much in this area.

Currently BFE has fourteen (14) clients producing beads. A total of 70 children have benefited and are currently in receipt of full time schooling as a direct outcome of the programme. We are grateful to the volunteers and friends of KHC for helping in the sale and marketing of beads in Norway, Denmark. Iceland, US and Australia.

3.5.2 Piggery project

Oliver assessing pig famers

Beneficiaries under this project who are also HIV positive patients are first assessed by the community and social support coordinator. The Eligible clients are given a one day workshop training on basics skill in livestock management. Where, they are taught how to provide good care and support

to pigs and how to raise them as a viable income generating project. At the end of the day, the clients are given a piglet that is 3month old. The beneficiaries are expected to raise their livestock for up to the first spawning of the female pig, each original beneficiary is then expected to return a half of the piglets of the first brood when they reach 3 months old, that are in turn passed on to other beneficiary in another phase of the project.

Only once a beneficiary has reached this stage can the project be deemed fully theirs. The second round beneficiaries are also expected to go through the same project procedure as their predecessors, continuing the cycle. From this point, the beneficiaries are expected to begin to realize proceeds from their project through either the sale of piglets or raising them until maturity for sale. Currently A piglet a costs at 40,000 . Christine, one of our clients got a pig which delivered 12 piglets and she narrates her

Success story

"My Name is Nalwoga Christine, I am called Nalwonga which means' mother of beautiful twins. I am married and we have four children of whom one is living positive. I and my husband joined Kawempe home in 2007. Seeing how other people in my community were suffering due HIV and AIDS stigma with no body to care for them.

I decided to join the community team to giving a helping hand to the sick. But I also told my counselors and doctors that I have no income and I need money to support my family and school fees for my children. That's when KHC asked me whether I can manage to rare pigs. I was very happy and I said yes. I was given e female pig at the beginning of 2010. I raised it well as I was taught by our coordinator. By good chance it gave birth to 12 pigs.

I have given six back to Kawempe and sold 3 each at 40,000 Uganda shillings I am rearing two young ones together with their mother. I can now pay for my daughter's school fees from my farm. My vision is now to make a very big farm to support my whole family".

In Picture 13: Clients excited after receiving piglets from Christine.

Compiled by Namirimu Oliver, Gerever Niwagaba and Winnie Kigozi

4.0 TRAININGS AT KAWEMPE HOME CARE

- 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.

- JCRC also organized training on ART updates at Pope Paul memorial hotel and emphasized on starting clients on ART much earlier so as to improve on the quality of life. This training was also attended by two nurses.

- The community volunteers had refresher course on CB DOTS and home based care, out of 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.

- Three clinicians attended a one day workshop on pneumonia and septicemia in children, Otitis media and Tonsillitis, peptic ulcers and reflex oesophagitis organized by E this ICO international. After the workshop they came and trained the rest and this has helped to improve on their skills.

- The KHC clinicians also presented at a CME organized by JCRC for all TREAT sites. It was a great learning and networking opportunity.

- One of our clinicians attended a four day TB/HIV co-management workshop at Nsambya sharing hall. Emphasis was put on how to diagnose TB in children, isoniazid prophylaxis and HIV/TB co-management plan.

- 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

Throughout the year, many more trainings took place that has not been highlighted and all the staff were 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 known for its tremendous efforts toward fighting HIV/AIDS in Nangabo sub-county, 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 organisation can provide in the way of raising public awareness but also in its capacity to manage finances and professional support mechanisms that's why the year 2011 it is going to come up with a new publicity strategy

AIDS Information Center (AIC)
AIC has continued to support us with free HIV testing kits, HIV rapid testing using a finger prick and child counseling. Having signed the memorandum of understanding, the support has now increased to include the provision of condoms, counseling forms and sensitization materials.

African Palliative Care Association (APCA) (Based in Uganda) Great Thanks go to APCA who provided KHC with funds for palliative care services for 100 children with HIV/AIDS and transport for palliative care team. They also provided a large amount of medicines and medical equipments from Direct Relief International(DRI)

The Palliative Care Association of Uganda (PCAU)
We are still working closely with PCAU to secure oral morphine for pain control from the Ministry of health. Meanwhile we are still referring our clients to Hospice for the drug and the Cancer Institute also provides the medication to our clients who are enrolled in their care.

PCAU invited KHC for sports Gala which was held on the 9th September 2010 as a way of socializing with the staff members. It was a great meeting with members because workers shared different ideas on how to support clients wholeheartedly.

Joint Clinical Research Center (JCRC)
We are extremely happy to report that we have had a great support from the JCRC a renowned center of excellence for HIV/AIDS care and support. JCRC provides KHC with free ARV's to dispense directly to our clients and access to their laboratory facilities where we run our advanced tests like CD4, Viral load and other advanced clinical investigations. This has greatly enabled us to reduce our operational costs in particularly medicine for our clients. We are extremely thankful for their support

The National Cancer Institute, Mulago
We refer all our clients who have been confirmed to have Cancer to the Cancer Institute in Mulago where they receive curative or palliative chemotherapy for mainly Kaposi's sarcoma. They also receive treatment for the management of the complications of the Cancer or the Chemotherapy including rehydration and blood transfusion.

The International Union against Tuberculosis and Lung diseases (TB-CAP)
Assistance Program (TB-CAP) supported our CB – DOTS program for Tuberculosis treatment in the community though they eventually closed but we really appreciated all their efforts to support our program. An evaluation of the DOTS program was done by a Sociologist Dr. Claudia Peters that described the process and the outcomes.

Beads for life.
Beads for life have continued to give us help which has enabled us to send our teenagers who have completed or dropped out of school to go for further vocational training. This will enable them acquire skills that will enable them earn a living for themselves in the future.

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.

The Norwegian Embassy
KHC established relations with the Norwegian Embassy through one of our volunteers by the names Ms. Inger Darflot, we received computers, photocopying machine, furniture including; desks, beds and a wardrobe. These items have been extremely helpful for our outreach clinic in Kasangati.

SUSTAIN

In September 2010, Kawempe Home Care joined the new 5 year USAID project managed by the University Research Company (URC) that is a follow through to the JCRC TREAT project. We have really enjoyed this opportunity and our patients have already benefited from this through the provision of ARVs,(Laboratory Services)Transportation of samples(Smears) in collaboration with the JCRC(THALAS)and Transportation of staff to Outreaches. We are looking forward to work with SUSTAIN, improve the quality of our services and strengthen our internal systems and reach out to many patients in the community

Belgian Embassy
BTC has helped to equip the Kasangati Outreach clinic with quality services to the community through providing laboratory/medical equipments and furniture.

US Embassy
The US Embassy has greatly helped us by supporting our palliative care programmes: 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. We were also glad to receive the small grants coordinator Mrs. Connie Hansen who came out and visited us to see how we were progressing with our work.

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 dependants. May the almighty Lord reward you abundantly.

Hope for Children
Hope for Children has continued to help us through giving us a grant to improve the infrastructures in Kasangati out reach clinic(paid rent for the Kasangati clinic), provided quality medical care and also covered part of our administrative costs. We extend our sincere gratitude to them for the support given to us. We were so grateful.

6.0 ADMINISTRATION AND FINANCE

The year 2010 was a year of tremendous growth 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 and cancer in the communities of Kawempe and Kasangati.

6.1 Administration

We have worked extremely hard here at KHC, despite many challenges to greatly improve 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 has had many positive effects throughout the organization

We have disciplined ourselves at KHC to get together monthly for management, departmental, M&E and Staff meetings. We evaluate our performance, make decisions, and provide leadership and vision for 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 include: Care for HIV+ children under 6 was established (with the support of our friends from Norway). It has been a great success and we now can offer day care options for our small ones along with psychosocial, medical and nutritional support.

In 2010 we expanded our office space in Kawempe. We desperately needed more working space for our administration team and community outreach program. As the year passed by we acquired funds to start new clinic in Kasangati as the numbers of new clients grew in our out reach program we lacked adequate room to grow. We now have a new store and thanks to our competent Logistic and Procurement Officer, KHC streamlined procurement procedures and this has helped us to become much more effective. A comprehensive list of assets has been created. We now can carefully track of all of our various assets and properties. The project also installed our own server-backup system and most project computers are linked to the internet

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:

Throughout the year we had a team of 34 permanent staff and 20 community volunteers who all receive monthly stipends. All the staff had a chance to undergo a series of appraisals. We have had four International volunteers who have been very helpful in supporting the OVC activities. We extend our sincere appreciation to them for their continued the support the project from their countries. The list below shows the staff and volunteers of KHC.

Table 11: Shows the staff and volunteers of KHC 2010

	Medical Department	
	Clinic section	
1	Dr. Samuel Guma	Medical director/ Executive director
2	Bugingo Alex	Clinician
3	Nanozi Aidah	Clinician
4	Nantongo Helen	Clinician
5	Sarah Komugisha	Clinic Coordinator
6	Ursula N	Clinician
7	Muduwa Mafabi Grace	Dispenser
8	Walusimbi Aminah	Dispensing assistant
9	Apio Joanita	Dispensing assistant
	Counseling Section	
10	Tusiime Alicitidia	Counseling Co-ordinator
11	Asingwire K Jacinta	Counselor
12	Nalukwago Anne	Counselor
13	Mwije Justus	Counselor
	Laboratory section	
14	John Apuuli	Laboratory officer/ Supervisor
15	Nalukuuma Josephine	Lab assistant
16	Kayizi Shafic	Lab Technician
	Administration Department	
	M & E section	
1	Nabwami Loyce	Data clerk
2	Nalwanga Resty	Receptionist/ file clerk
3	Asiimwe Ruth	Monitoring & Evaluation Co-ordinator
	Procurement & Logistics	
4	Nabisbo Mary	Store Keeper
5	Patience Orishaba	Procurement & Logistic officer
	Admin. & Finance section	
6	Niwagaba Gerever	Administrative & Human Resource Manger
7	Onzima Bruno	Finance Consultant.
8	Nakabugo Rashidah	Admin. Assistant
9	Tumwiine Elias	Accountant
	Support staff section	
10	Ongala Simon	Security officer
11	Siminyu Patrick	Security officer
12	Baguma Twine Godfrey	Driver
13	Nabwami Irene	Caterer
14	Kabuye Fred	Cleaner

	Community & social Support Department	
1	Namirimo Oliver	Community & Social support Manager
2	Nanjuba Kelvin	Orphans & Vulnerable Children (OVC) officer
3	Adima Dorothy	Angels Network/ Beads marketier
4		
	Community Network of Care section	
4	Nakyazze Joyce	Community Supervisor Kasangati
5	Nankya Maria Assumpta	Community Supervisor Kawempe
6	Namulinda Zaina	Community Supervisor Mulago
7	Sekasi Allen	Community Health Worker
8	Nalwoga Christine	Community Health worker
9	Ssentamu Joseph	Community Health Worker
10	Mugambe Rorna	Community Health worker
11	Lukwaya Mukwaya	Community Health Worker
12	Nakivumbi Teddy	Community Health worker
13	Matovu Charles	Community Health Worker
14	Kigongo Prosy	Community Health worker
15	Bukirwa Esther	Community Health Worker
16	Ntabadde Rebecca	Community Health worker
17	Naigaga Getrude	Community Health Worker
18	Namuddu Joyce	Community Health worker
19	Nayiga Christine	Community Health Worker
20	Namboze Jalia	Community Health worker
21	Nayiga Stella	Community Health Worker
22	Sanyu Naggita	Community Health worker
23	Namazzi Sarah	Community Health Worker
	Volunteers Section	
1	Elin Aune	Production and marketing manger(Beads for eductiom)
2	Kristina	Clinician (clinic section)
3	Chris Hudon	Sales (beads for education)
4	Kagogwe Josephine	Counselor (counseling & community sensitization)
5	Ayinebyona Cranmer	Data entrant (M&E section)
6	Inger Darfolt	OVC support (Day care & Home care education support)
7	Mayte Lomelin	Home care education support

6.3 Financial Report

Kawempe Home Care 2010 Financial Report at a glance

Table 12 shows income and expenditure

Category	AMOUNT Ug. Shs.	US Dollars	Percentages
Income			
Grants and Donations	225,324,916	112,662	65%
Income Generating Activities	121,160,258	60,580	35%
Total	346,485,174	173,242	100%
Expenditure			
Administrative Costs	40,275,640	20,138	11.6%
Operational Costs	286,401,678	143,201	82%
Capital Costs	22,524,005	11,262	6.4%
Total	349,201,323	174,601	100%

The Kawempe Home Care accounts are managed by the finance team/Accountant and effective controls were put in place by the finance team and directors to ensure that expenditures and incomes are properly recorded and receipted. New chart of account per donor was developed to help us in more efficient financial transactions and reporting. Records of accounts are kept on our Quick books spread sheet for proper money tracking and safety so we are proud to note that, we successfully completed our second audit in the last quarter of the year. We have already received the final report which we promise to share with all of our friends and partners. On the same note, our Finance and Human resource Policy documents were reviewed and approved by the Board of directors.

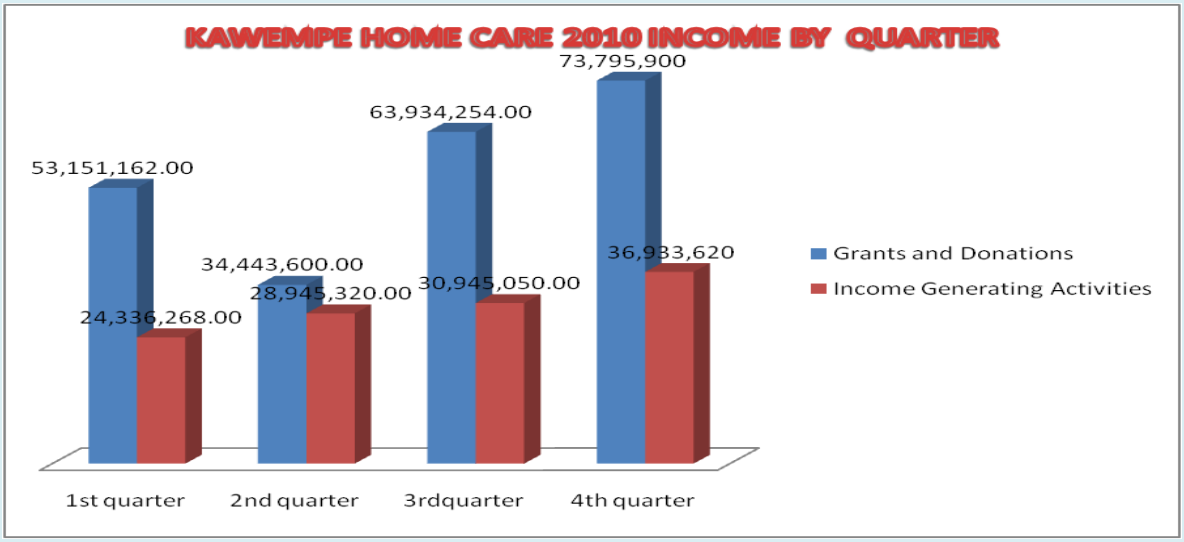
We are also very happy to report that our income generating activities have continued to grow, through our clients who make beautiful jewellery from the recycled paper which has greatly given a big boost to the HES Program and our general operations. It is gratifying for us to try to raise local contributions for our work in KHC.

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

6.1.3 Total Income

In the year 2010, our total income came to Ug Shs. **346,485,174.00 (US$ 173,242.00).** These funds came from the generous donations provided by our friends, donors and our own income generation activities.

Graph 6: Kawempe Home Care 2010 Income by Quarter:



6.1.4 Awards (Grants) Income

These funds come from the contributions of our friends the donors. We are particularly grateful to the USAID (TB CAP), APCA, Friends of Reach Out, US Embassy, Hope for Children, Aids ARK, The Great Generation and SUSTAIN whose generosity we enjoyed in 2010. We are also indebted to our individual donors, who contributed 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 2010, we received a total of **Ug Shs. 225,324,916.00 (US$112,662.00).** This accounted for 65 percent of the total Income.

6.1.5 Income Generation Activities

Our Income Generation Activities have continued to flourish over the years. The contribution of Income generation Activities has expanded to Ug Shs. **121, 160,258 (US $60,580)**, which was **35%** of the total Income. 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, Iceland, Australia, US and Poland who support us by buying the jewelry.

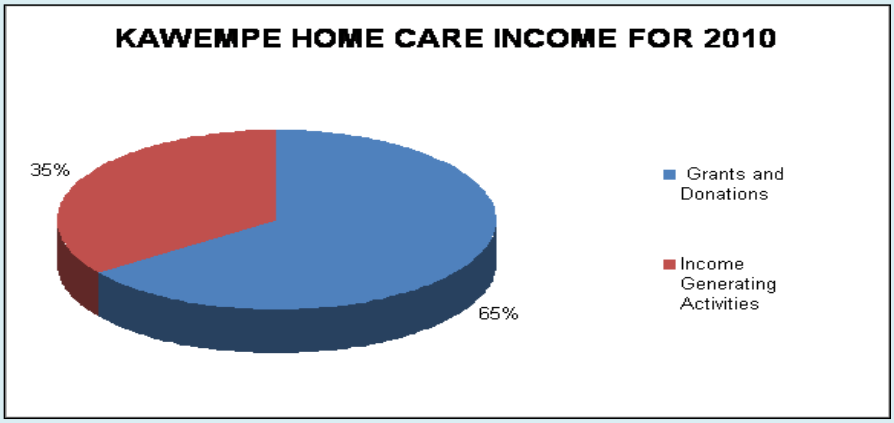
We also have the other income generated from the motor bikes that support both motorbike riders and our community.

6.1.6 In-kind Donations

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

We happily thank the Ministry of Health, Sustain and Joint Clinical Research Centre that provided the much needed ARV medicines for our clients. AIC for free HIV testing kits. GSK Uganda for painting our clinic and provided drugs and nutritional support to our day care children. 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, stationary and medical equipment.

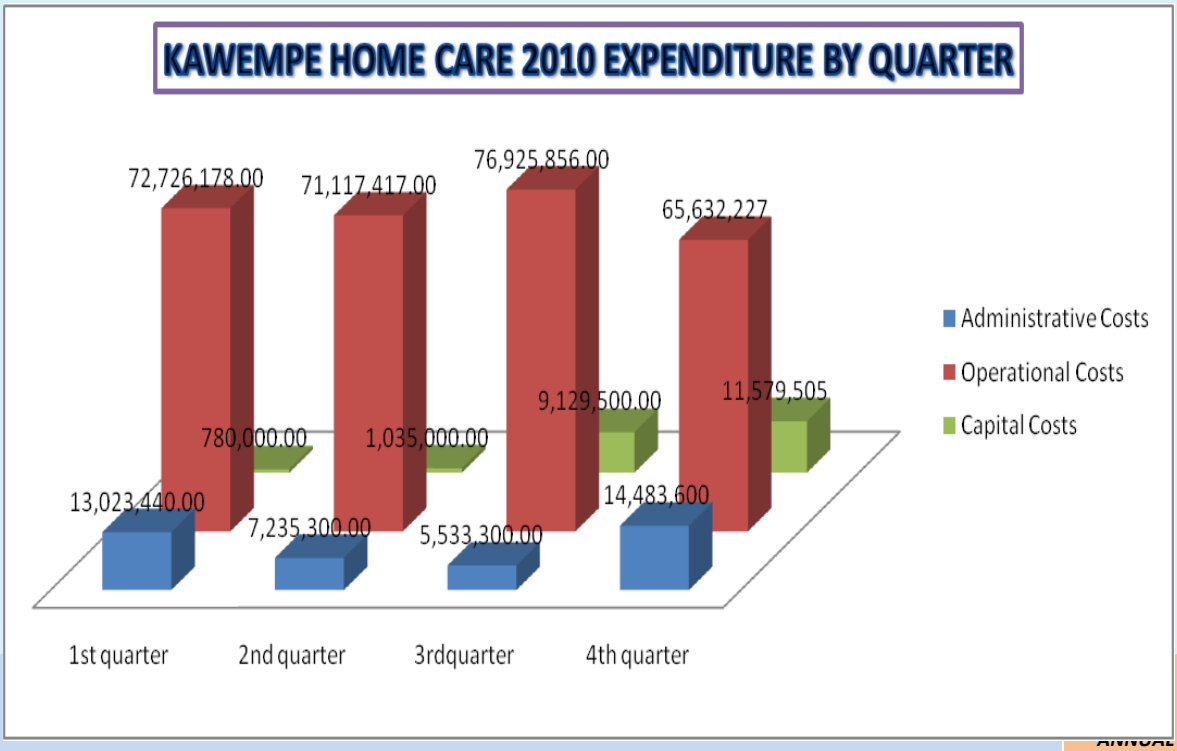
Chart 4: Kawempe Home Care Total Income for 2010



6.17 Total Expenditure

Our total expenditure of the year 2010 came to Uganda Shillings **349,201,323 (US$ 174,601).** These were sub divided into Administration costs, Operational Costs and Capital Costs.

Graph 7: Kawempe Home Care 2010 Expenditure by Quarter



8.2.1 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 2010, our Administrative costs came to a total of* **Ug. Shs 40,275,640.00 (US$ 20,138).** *This represents* **11.6%** *of our total expenditure*.

The administration costs were used to pay for utilities; water, electricity, Internet, providing simple 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.

8.2.2 Operational Costs

The Operational Costs came to **Ug. Shs. 286,401,678.00 (US$ 143,201.00).** This represents **82%** 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).

Home Based Community Support (for example. travel costs, teens club, Golden Vessel – drama group activities, stipends for VICTASS, Angels Net work. With the support of the US Embassy, we obtained motorbikes to move community workers to visit clients who live at a great distance from our center. Some of the community workers have to walk very far and the lack of public transportation made their work very difficult.

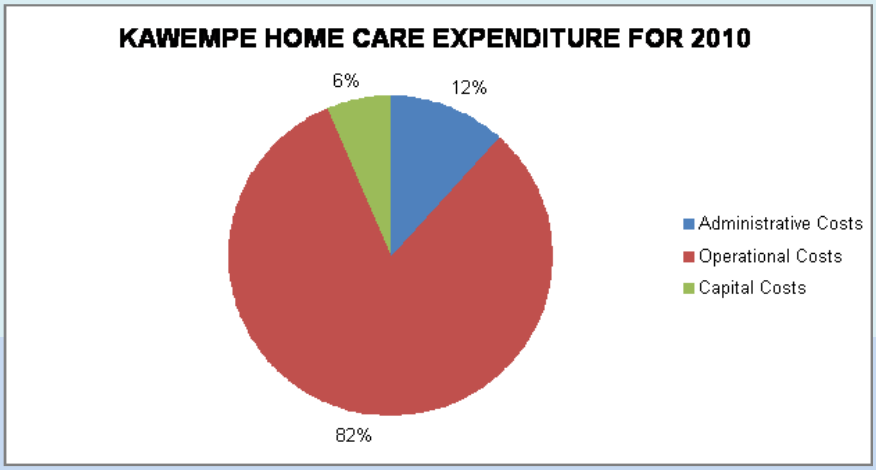
Social support to clients and families (for example; transport, School Fees for orphans, food for our bedridden clients to enable them take their medication, household support, loans to enable our clients start small income generating activities and grants to enable our clients who are bedridden meet 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);

8.2.3 Capital Costs

In the year 2010, our capital costs stood at **6.4%** of the total expenditure.

We spent **Ug. Shs 22,524,005.00 (US$11,262.00)** on construction of clients waiting area at Kasangati out Reach. We purchased a tent to protect our clients as they wait in the very hot sun in Kawempe. We as well also spend on repairs and maintenance in order to keep costs low and ensure effective use of resources. We also acquired much needed computers and printers to keep accurate data and give timely and transparent reports enabling us computerise the organization's work.

Chart 5: shows the expenditure for KHC in 2010



7.0 ACKNOWLEDGEMENTS, CHALLENGES AND CONCLUSIONS

Once again, we would like to acknowledge the immense contribution of all our Friends, partners and donors who have contributed funds: The US Embassy in Uganda, APCA, Friends of Reach Out (FORO), The TBCAP (the Union and USAID), Hope for Children (UK), Culture without Boarders, Soroptimist group, The Great Generation and Sustain who have supported us and made us sail through the year 2010.

To our dear friends all over the world in Denmark, Norway, Australia, Iceland, United Kingdom, USA and Uganda, we are extremely grateful for your support i.e. donations in form of cash, school fees, clothes, bags, umbrellas, medical supplies, technical and moral support. We are extremely grateful for your help and assistance.

7.1 CHALLENGES

Our main challenge still remains funding for HIV Program as the demand of the services grow everyday: Stipends for Staff, volunteers (as there is no source of income for these people yet they dedicate all their time, knowledge and efforts supporting our clients). Our major focus therefore in the year 2011 is to seek additional funding to finance the stipends for the volunteers. We would also like to address the challenge of poverty among our clients with additional social support and grants.

7.2 CONCLUSIONS

Once again we are very grateful to every one who contributed in one way or another to our project. Despite the many challenges and difficulties, KHC Staff has continuously been praised as taking the lead for its excellent work in fighting against HIV/AIDS in Kawempe division and Nangabo sub-county for the services given to clients. With hope, love and care, we enter into New Year.

We can never repay all of you for your tireless efforts and contributions in helping those who struggle with HIV/AIDS. With hope, love and care, we enter into the New Year

God bless you all and have a wonderful year 2011.

Compiled by Elias Tumwiine and Rashidah Nakabugo