Kawempe Home Care Initiative

P.O Box 337 Kampala, Uganda

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

Teens club, Golden vessels and Day care children at the Wild life education centre, Entebbe

ANNUAL REPORT 2009

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EXECUTIVE SUMMARY

Dear Friends and Partners,
Happy New Year 2010 and greetings from all staff and volunteers of Kawempe Home Care (KHC). The year 2009 was a very eventful year for the organisation and a number of remarkable achievements were made in all the aspects of our program.

The provision of comprehensive holistic care for the poor and vulnerable people with Tuberculosis, HIV/AIDS and Cancer living in the urban slums of Kawempe and the rural communities in Nangabo, Wakiso district remained our top priority. KHC expanded its Orphans and Vulnerable Childrenôs (OVC) program and set up a day care clinic for preschool children with HIV/AIDS that provides them with nutritional, emotional, psychosocial support and medical care. The HIV prevention program did a remarkable job in sensitising children in their schools and youth within the community about HIV/AIDS.

Training and capacity building activities went well, most remarkably, the KHC clinicians and community department trained community volunteers from Mengo Hospital TB clinic on how to monitor and support adherence in their community using Community Based Directly Observed Therapy Short Course (CB-DOTS).

All this was made possible with the help of our great development partners including USAID and The Union (TB CAP), The US Embassy, Friends of Reach Out, FORO (USA), HorizonT3000 and Hope for Children (UK) and AIDS ARK (UK) who enabled KHC to get new premises and support medical activities for the out reach clinic in Kasangati.

The partners in care, the Ministry of Health, National AIDS Control Program (NACP), the Joint Clinical Research Center (JCRC) and AIDS Information Center (AIC) have been extremely supportive in proving antiretroviral medicines, laboratory services and HIV testing kits. We also appreciate the fantastic support of the private donors and support groups in Denmark, Australia, Norway and the United Kingdom who raise funds for our activities on a regular basis.

The report describes in detail the clients whom we serve, the work done in the different sections of the medical program, the community and social support programs, the Trainings and conferences attended, the networking and publicity activities and the Finance and Administration activities in 2009.

The income received in 2009 was *162,030.34 $* of which *134,696.85* $ were grants or donations and *27,333.49 $(17%) was* from income generating activities especially the beads project. The expenditure was *138,134.73 $* of which *17,199.93$ (12%)* was spent on administrative costs, *104,998.39$ (76*%) was spent on operational costs and *15,936.41$ (12%)* was spent on capital costs.

In 2010 we are going to work extremely hard to strengthen our systems, improve on the quality of service provided to our patients and to continuously build our capacity in terms of financial and human resources to ensure long term sustainability of the organisation. We look forward to your continuous support over the next twelve months.

Wishing you a happy and prosperous 2010

Yours truly,

Dr. Samuel Guma
Executive Director

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LIST OF ABBREVIATIONS

AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CME	Continuous Medical Education
FORO	Friends Of Reach Out
HBCT	Home Based Counselling and Testing
HIV	Human Immunodeficiency Virus
JCRC	Joint Clinical Research Centre
KHCI	Kawempe Home Care Initiative
OI	Opportunistic Infection
PMTCT	Prevention of Mother-to-Child Transmission
TB	Tuberculosis
TREAT	The Regional Expansion of Antiretroviral Therapy
VCT	Voluntary Counseling and Testing
MOS-HIV	Medical outcome study- Human Immunodeficiency Virus

1.0 THE CLIENTS SERVED IN 2009

KHC has continued to offer excellent services to the people in our community, from the time we started operating in July 2007 up to the end of 2009, we have cared for 1271,clients on HIV program, 376 clients on CB DOTS program and 23 clients with HIV related cancers and 6 Non-HIV related Cancer. Enrollment to any of our programs is through voluntary HIV counseling and testing (HCT) which is a free service obtainable by all the community members within our catchment area.

We counseled and tested 1555 community members this year and they all received their results. 449 (28%) were found positive and 1106 (72%) were HIV negative. Of the ones that tested positive, 425 (94%) clients were enrolled on the program this year, 290 (68%) were female and 135(32%) were male.

KHC has a cumulative no of 1271 clients under our HIV care, of the total 382 (30%) are male and 889 (70%) are female, 45 of them are pregnant adult females and all above 18years and 132 (10%) are children below 18 years. We currently have 762 active clients on the program of these active clients 197 (25%) are male, 487 (75%) are female and the 78 (6%) are children below 18 years.

The CB DOTS program has an active number of 53 clients by the end of this year, and a cumulative number of 376 clients with 70 clients completing TB treatment this year. 92 clients were enrolled on the program this year.

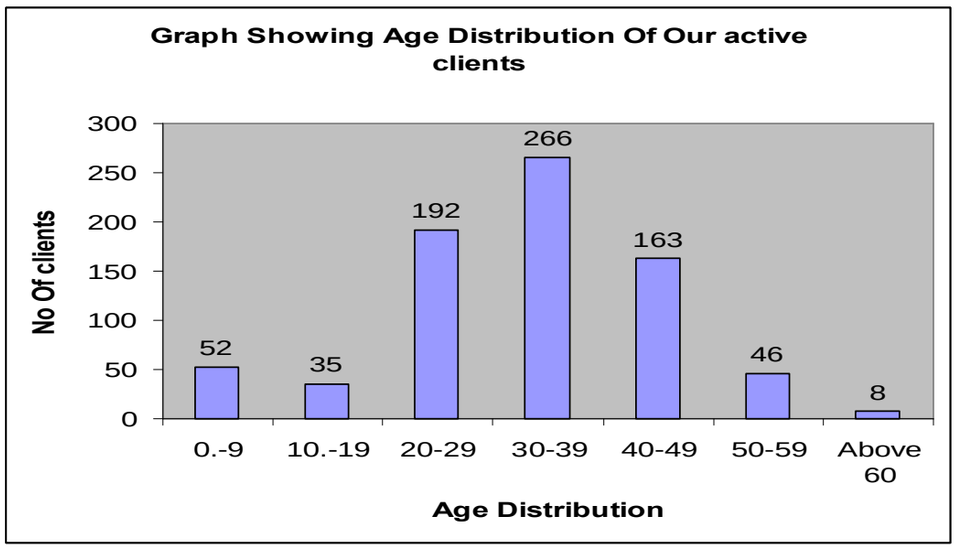
The no of clients on ART ever enrolled on program are 505, 169(33%) of these were enrolled this year. The current no of clients on ART is 390 (77%). Of the current clients, not all of them receive their ARVôs from our facility, we provide ARVôs to 277 (71%) clients. The rest get their drugs from other centers, we monitor their drug adherence and also give them treatment for opportunistic infections.

We have had 51 clients on PMTCT program and 43 are active on our care with 38 of them on ART. 37 clients were enrolled this year. We refer our clients on PMTCT care to PMTCT Mulago at delivery, and then provide community follow up and support. The children who test positive are also enrolled on our care.

1.1.1 Age Distribution

Majority of our current clients enrolled in this year are between the age 30-39 (266), and 20-29 (192) years, 52 of our clients are between 0-9 years and 35 between 10-19 years, 163 clients are between 40-49years and more 54 above 50 years. The chart below shows the age distribution of our active clients ending 2009.

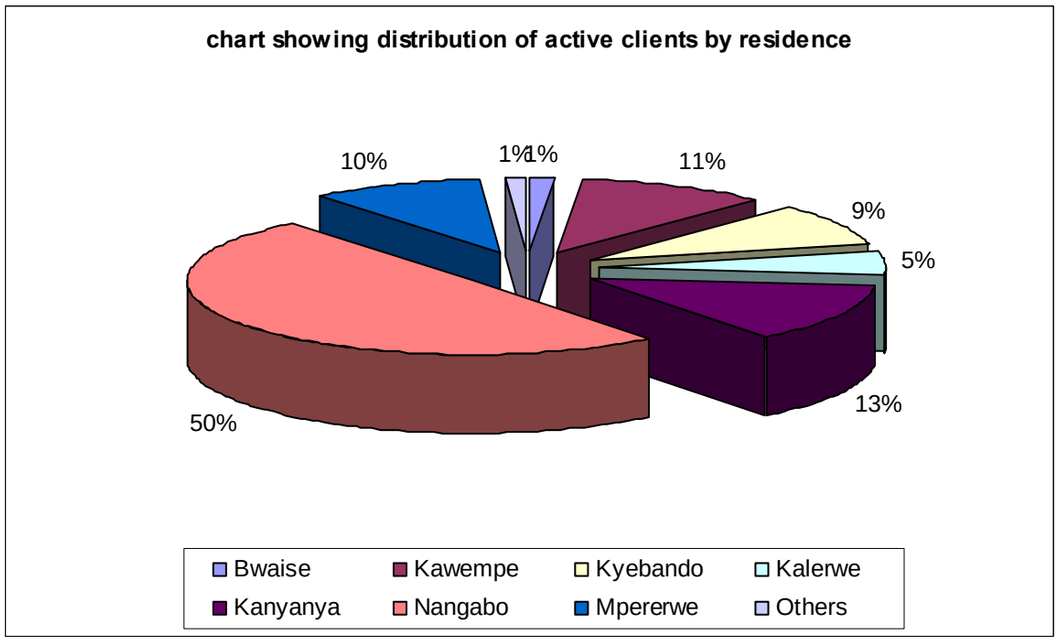
Graph 1: showing age distribution of our active clients



1.1.2 Client's Residence

We mainly have 7 parishes, namely Kawempe, Kanyanya, Kyebando, Kalerwe, Bwaise, Mpererwe and Nangabo. We have an outreach in Kasangati every Wednesday and where we have 50% of the clients on the program from Nangabo sub-county. The graph below shows the distribution of our active clients by residence

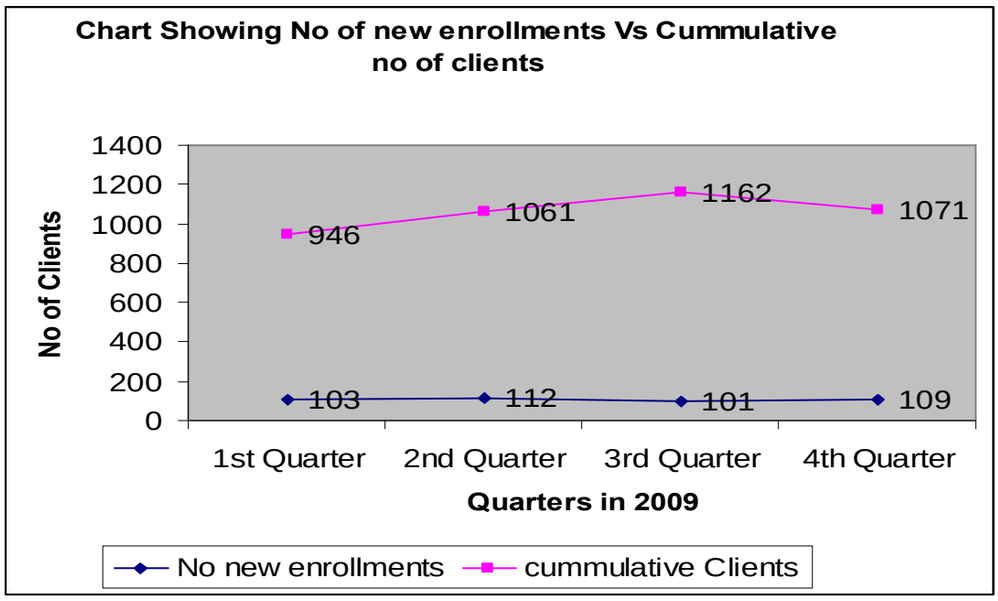
Graph 1: shows the distribution of our active clients by residence



1.1.3 Client Growth

At the end of 2007, we had a total no of 195 clients on the HIV program, by end of 2008 we added 563 clients giving us a total of 846 clients. This year, we enrolled 425 clients resulting in a total of total no 1,271 clients. The number of clients enrolled this year was less than those of the previous years. The graph below shows the no of enrollments this year per quarter.

Graph 2: Shows new enrollments in 2009 per quarter



(Compiled by Ruth Asiimwe)

2.0 MEDICAL PROGRAMME

KHCôs medical program comprises of four sections namely: Voluntary Counseling and Testing (VCT), Clinical services, Laboratory and Pharmacy.

2.1.0 Voluntary Counseling and Testing

In the year 2009, the section has counselled and tested a total number of 1555 clients including clinic VCT and home based counselling and testing (HBCT).

25% of the clinic VCT was done in the 1st quarter, 27% in the 2nd quarter, 26% in the 3rd quarter and 22% in the last. Out of the total no tested 449 (29%) were positive and 425 (94%) of them were enrolled on then program.

We were challenged by lack of enough funding and consequently HBCT was stopped due to lack of resources to continue the project. However we hope that when the funding comes in the next years, the HBCT will resume. The table below shows the counselling done this year

Table 1: shows VCT done in 2009

	1st quarter	2nd quarter	3rd Quarter	4th quarter	Total
CLINIC VCT	380	421	409	341	1551
HBCT	4	0	0	0	4
POSTIVES	102	121	107	119	449
NEGATIVES	282	300	302	222	1106
TOTAL	384	421	409	341	1555

2.1.1 Couple voluntary counselling and testing.

As part of VCT, counselling section has counselled a number of couples in 2009. These includes couple categories like concordant positive, concordant negative and discordant. The section has begun a discordant couple club where the couples meet and share experience. The below table shows the couple VCT.

Table 2: Shows couple VCT done in 2009

Category	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Concordant positive	0	2	1	1	4
Concordant negative	14	14	11	5	44
Discordant	2	2	2	4	10
Total	16	18	14	10	58

2.1.2 On going counselling

This is the follow up counselling given to clients who are already on the program. This is done both at the clinic and clients homes through home visits. Our on-going counselling package includes but is not limited to positive prevention, positive living, stress management, ART and TB education, adherence and PMTCT counselling among others. Thanks to our 3 full time counsellors who have worked tirelessly this year, to provide the services needed to our clients. The table below shows the ongoing counselling done in 2009.

Table 3: shows ongoing counselling sessions done in 2003

	1st quarter	2nd quarter	3rd quarter	4th quarter	Total
Home visit	20	26	77	23	146
Clinic counselling	89	76	139	46	350
Total	109	102	216	69	496

In the table above, of the on-going counseling done, 146 (29%) was done at the clients homes and 350 (71%) clients were counseled at the clinic. Of the total no of counseling done, (22%) was done in the 1st quarter, 21% in the 2nd quarter, 44% in 3rd quarter and 13% in the 4th quarter. The picture below shows clients on group ART education.

Picture 1: shows clients on ART education in preparation for treatment

(Compiled by Tusiimemukama Alicitidia)

2.2 CLINICAL SERVICES

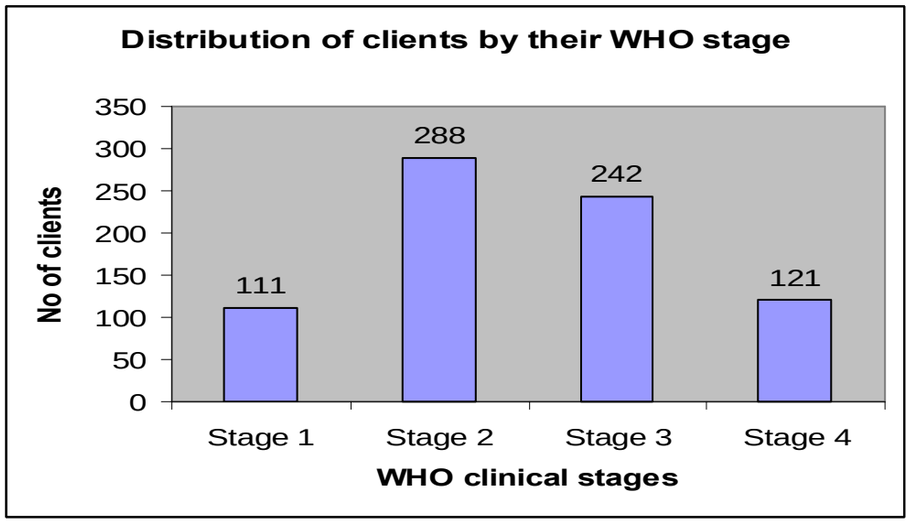
Our clinicians have been trained in offering a comprehensive package and delivering quality clinical care, home-based care and antiretroviral therapy to all our clients. This year the entire clinical team got training in TB/HIV co-management and TB infection control in health units. They are now able to manage all different categories of Tuberculosis.

This year was extremely successful in terms of treatment outcomes for the clients, the majority of them are alive and well, leading a fairly good quality of life. This year KHC however lost 41 patients of whom 18 (43.9%) had Tuberculosis and 28 (68.3%) of those who died were in WHO clinical stage 4 and despite the effort we put in to save their lives, they did not make it. May God rest their souls in everlasting peace.

2.2.1 Clients Status

The clients at KHC are always monitored at every visit, using the WHO clinical stages and most clients are in clinical stage 2. Their clinical stage is as a result followed up through every visit, for those whose clinical stage changes, it is recorded in their charts. The Karnofskyôs score is used to assess their quality of life at every visit. The table below shows the WHO staging of the active clients.

Graph 3: Shows the distribution of the clients as per their WHO status



2.2.2 Quality of Life Evaluation (Medical Outcomes Study, MOS – HIV)

In a bid to understand our clientôs status better, this year, we conducted the MOS-HIV health survey, to measure the quality of life of our clients and also know the status of their well being. We interviewed 100 of our clients who had been on HAART for more than a year and different health aspects examined which included; the General Health Perceptions, Physical functioning, Role functioning, Social functioning, Cognitive functioning, Pain, Mental health, Energy and fatigue, Health distress, quality of life and Health transition.

According to our findings, 71% of our clients have a good health perception of their lives and they say, they are healthy as everyone knows them; 84% of the clients depicted a high physical performance level which showed a very low decline on their health. In regards to role functioning 79% are not limited by their health in doing their daily activities. 77 % attend to their social functions and 83% of the clients reported that their status does not affect their personal relationships with other people and 70% of the clients have hardly experienced any pain.

An important part of mental health is how you perceive the world around you. 25% of the study participants had not felt excited in the past 30 days, 59% have felt at peace very few times, 20% of which have not felt at peace at all.

Whereas only 55% felt full of life and energy, 66% of the participants felt tired most of the time. 78% of the clients did not feel heavy laden because of their health, and 64% say their loss of energy is not due to their
state of health, 77% are not scared by their state of health, and 84% of the participantôs lives had improved.

This study revealed that our clients are living happier, healthier and more fulfilled lives and hence have a good quality of life despite the low standards of living.

2.2.2 Clients on ART

KHC has 390 active clients on ART and a cumulative no of 505 clients. This year we had a constant supply of ARVs. Exceptional appreciation goes to MOH and JCRC. We initiated 169 clients on ART this year. Our clients are well trained in adherence and prepared well by the counselors and clinicians about the importance of ART which helps them to adhere. The KHC community volunteers (VICTASS) also visit the clients in their homes once in a week to monitor their adherence. The table below shows the no of clients on ART.

Table 4: Number of clients on ART/Quarter

Report Period	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
No. starting ART/Quarter	54	41	42	32	169
Active clients on ART	303	321	351	390	390
Cumulative No. on ART	390	431	473	505	505

All our clients are on first line drugs, this is because of the good adherence education and home based adherence monitoring by the VICTASS. We also have an adherence counselor who records and monitors their adherence at every clinical visit. With the drugs we are getting from MOH, we are now able to initiate children on ART, previously we used to refer them to JCRC ARROW study, now that the drugs are available we hope to continue enrolling more children.

Our challenge this year was the closure of the TREAT program and consequently not being able to do CD4 tests for clients before enrollment on ART. Our clients do not have enough resources or money to do the CD4, which led to decline in enrollments and also the monitoring of the effect of ARVS and their progress after start of ART. However, we are looking within our resources to pay for some of these clients to do CD4 and hoping that the situation will ease next year, if the funds will be available.

2.2.3 Medical Consultations

With the increasing no of clients enrolled on the program, the medical consultations have gone up to and this is because of the good work of the clinicians and also the excellent care we are making available to our clients.

KHC being a home based organization, we have continued to provide care to our clients in their homes and consequently we had many home visits this year, compared to the previous years, we do routine home visits and always called upon for emergency visits. The picture below shows a client on a clinical visit.

Picture 2: shows Nurse Ursula examining a client at the clinic

Clients who are very sick are appropriately referred to Mulago hospital for further investigations and management. 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. The table below shows the medical consultations this year.

Table 5: Shows the number of medical consultations for 2009

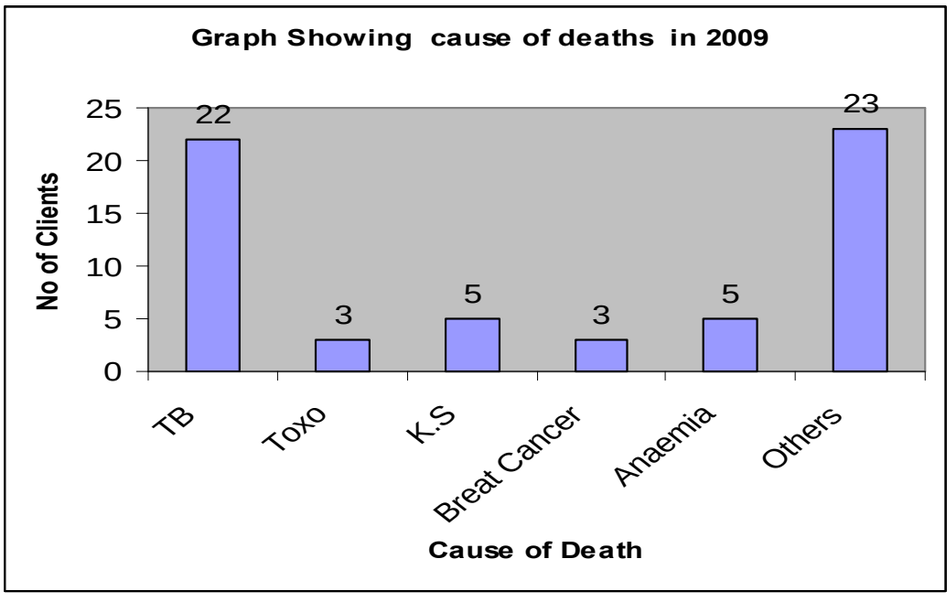
Consultation type	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Clinic	1739	1941	2198	1895	7773
Home	54	143	131	96	424
Hospital	12	8	12	8	40
Total	1805	2092	2341	1991	10,236

2.2.4 Home Based Palliative Care

This being our main objective, we have succeeded in providing Palliative care to our clients, especially those that are vulnerable. Our comprehensive package is not limited to pain and symptom management, ARV/TB support, psycho-social, spiritual and nutrition support.

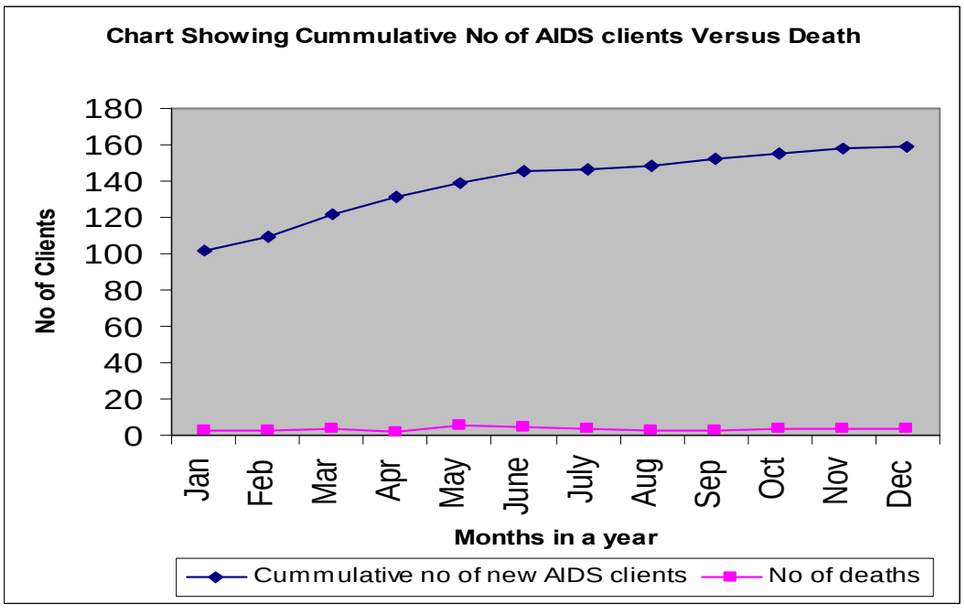
An analysis of deaths was done for the 61 deaths in 2009 and the findings showed 22 (36%) of these clients died of TB, 3 (5%) had Toxoplasmosis, and 5(8%)Kaposiôs sarcoma, 3 (5%) breast cancer, 5 (8%) severe anaemia and 23 (died of other diseases like cryptocoocal meningitis, hypertension, liver failure, extensive bed sores and HIV psychosis etc. The WHO clinical stages of those who passed on were 16 (22%) in stage 3 and 34 (68.3%) in stage 4. The graphs show the cause of death of the clients and the cumulative no of AIDS clients against the no of deaths.

Graph 4: shows the cause of deaths of our clients in 2009



Through out the year KHC received an increasing number of severely ill patients with advanced AIDS, who were either identified by the community network or through referrals from patients and other members of the community. These patients were recruited and given special attention to ensure that the progress of their disease is halted and reversed hence reducing the mortality rate in the program. The graph below shows the cumulative no of AIDS clients versus deaths.

Graph 5: Cumulative number of AIDS clients versus Deaths



2.2.5 Palliative Care for Cancer patients

KHC provided care to a total no of 23 clients with Cancer and 4 (12%) of them had Cancer only and 19 (82%) HIV related cancer. This year, we have an active no of 8 clients with HIV associated cancer, all the clients with HIV related Cancersô are on ARVS. We get oral morphine for pain control and joint care from Mulago hospital Cancer Institute and Hospice Africa Uganda. The table below shows the current clients with cancer.

Table 6: Below is a table summary of the clients with Cancer on our program

Cancer type	No of Clients	Percentage
Kaposiôs sarcoma	5	64%
Squamous cell carcinoma	1	12%
Breast Cancer	1	12%
Oesophageal Cancer	1	12%

2.2.6 Prevention of Mother to Child Transmission (PMTCT)

We have served a total no 51 clients on PMTCT, and out of these 43 (84%) are active and 38 (88%) are on ART, we enrolled 37 clients on PMTCT this year. We refer our mothers to Mulago at delivery and continue caring for them in the community.

Out of 17 babies tested this year, we had 2 babies testing positive and 15 babies testing negative. The two who tested positive were enrolled on program as HIV exposed infants whose mothers had not received any PMTCT interventions. The table below shows the outcomes of PMTC this year

Table 7: Shows the numbers of mothers on PMTCT program

Category	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
No of new mothers	8	13	8	8	37
No. of Active mothers	25	30	36	43	43
No. of deliveries	3	8	4	2	17
Total no of babies tested	3	8	4	2	17
No of babies testing positive	0	0	1	1	2
No of babies testing negative	3	8	3	1	15
Cumulative no of clients	22	35	43	51	51

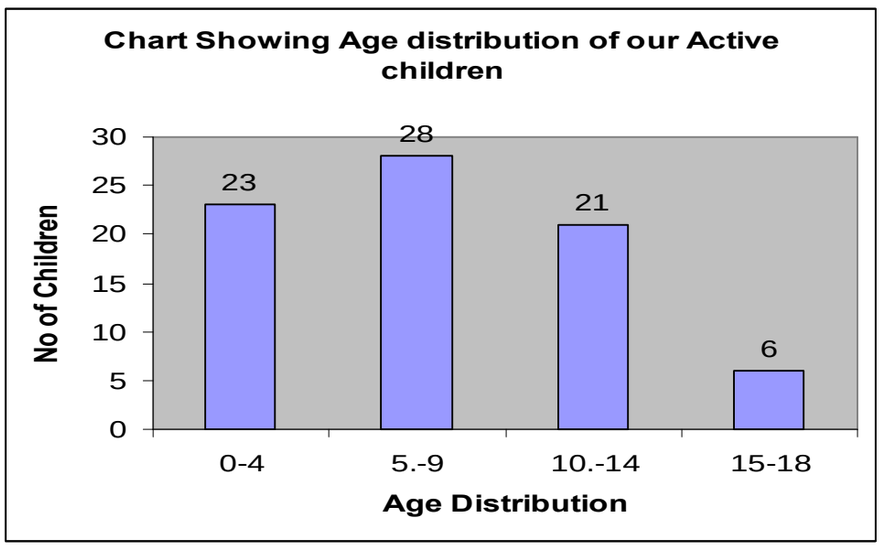
2.2.7 Paediatric – Adolescent Care

KHC has 78 children enrolled for care and support, 36 were enrolled this year and 28 (36%) are on ART. The children are provided with ART and palliative care services, we initially used to refer our children on ART to other centers but now that we are getting drugs from MOH, we have stated initiating our children on ART. The children are always given priority when they come to the clinic. The table below shows the no of newly enrolled children on program, the active and cumulative and the chart below it shows the age distribution of the active children.

Table 8: Shows the Status of the Children our care

Category	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Newly enrolled	5	7	12	12	36
Active on Program	101	82	82	78	78
Cumulative	101	108	120	132	132

Graph 5: Age distribution of active children on the program



2.2.8 HIV/TB Integrated Care

By end of 2009, KHC had cared for 329 people on TB program, 88 of them were enrolled this year. We have an active no of 53 clients, 32 (60%) male and 21 (40%) female. We had 70 people completing treatment this year. Of the active clients we have on TB treatment, 43 (81%) are HIV positive and 10 (19%) of the clients are HIV negative.

The training in TB/HIV co-management that our clinical team had has greatly improved our care and treatment for our clients. Since TB is a leading cause of death in HIV infected people, we resorted to routinely screen our HIV positive clients on the program for TB so that incase of any cases they can be effectively managed. We initiate Cotrimoxazole preventive therapy to all the HIV patients with the TB disease.

The clinicians work with the VICTASS and the family members to provide support and monitor the adherence of the clients to their medication. This has helped ensure good treatment outcomes e.g. cure rate of 65% and high retention rate at77% of clients on the program. The CB-DOTS model of care has ensured that we get these good outcomes.

Table 9: Below shows the numbers of TB patients cared for in 2009

Patient Category	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
No. Active patients	69	54	62	54
New pts enrolled	23	25	27	13
Patients offered VCT	23	25	27	13
HIV/TB co-infected	17	16	15	10
No of patients on Septrin	69	54	62	54
Completed treatment	21	18	14	17

The KHC community volunteers (VICTASS) have been very instrumental in supervision and support of the patients where they are visited daily to ensure that they take their medication and complete their drugs, this explains why most of our clients complete their treatment and had only 6 clients were lost follow up the whole year. Mugabi Moses a 44 year old man, was found by one of our VICTASS- Joyce Nakyazze alone in his old room in Kasangati, Joyce had been told their was a ñsick man ò around and therefore went to check on him. Mugabi recounts his story,

Mugabi's Story

"I was in my room at Gayaza B, sleeping when a woman knocked on my door and identified her self as Joyce, She found me sleeping, sick and coughing blood, and had spent days without having food and could hardly get out of bed. Joyce gave me food, cleaned my room, helped me get out of bed and asked me to come to Kawempe Home care for treatment," he paused then continued.

"…At the clinic, I was tested for HIV and was confirmed positive, and after three weeks, i was screened for and diagnosed with TB. My condition was really getting worse, i used to cough basins of blood, my legs were stiff and paralysed, my whole body even the hands could not move and having nothing to eat, made my life even worse. I was to start taking medicine but couldn't manage, the people of Kawempe helped talk to my brother and convinced him to take me in his care, and that's when I joined his family of 23 members.

I knew there was no hope and therefore didn't take my medication well, but the doctors of Kawempe after realising this, used to come and visit me every week, and Joyce used to attend to me every day at 6:00pm, she would check my medicine and see what was left and if had swallowed any then other times make me some food, counsellors even came to talk to me about adhering to my medicine and why it was important to do so, they also gave me food for 6 months since I had no food at all, Within two months, my life had greatly improved, I could walk around and get myself some drinking water, as time went on, life become even more friendly, I actually started washing my own clothes and my family could laugh with me…" Moses looked at his brother who was listening to his story and did not know whether to continue with his recitation or not, he just smiled and chose to continue, this time talking about his late sister;

'I know back when I had joined them, they were not comfortable with having me around, I had my sister who was also sick but since everyone knew I was going to die, they only cared for my sister but unfortunately she passed away, and when she did, people thought it was me was me who had died not her, " there must be a mistake somewhere" my own mother said but fortunately it was no mistake, I was actually still alive...'' he smiled.

"I am here because of Kawempe home care, even my getting better did not stop people of Kawempe to come and visit me, Joyce continued to come every day, I did not have the transport to go the clinic so they put me on what I understand they call routine home visits, which tome was very important. I completed s TB treatment and am in good health, I was later initiated on ART and now I know the importance of taking my medicine, am hoping to get a job soon and fully support myself." He concluded

To Moses Mugabi and his family (picture above), it was not only about the drugs and medication given to him, but also the friendship, the love and the support that made him who he is now- a happy and healthy man.

Compiled by Ruth Asiimwe and Sarah Komugisha

2.3 LABORATORY

In the year 2009 we performed a total of 3975 laboratory investigations. This includes those investigations performed at the site and the outsourced ones representing 60.5% and 39.5% respectively. The outsourced investigations were all performed at the Joint Clinical Research Centre (JCRC) and they included but not limited to Viral Load,CD4, Liver Function Tests, etc and the delivery of samples is done twice a week by the assigned laboratory personnel.

Comparatively we did more investigations at the site this year than last. Below is the laboratory personnel doing an test.

Picture 3: shows John drawing blood for CD4 test at Kasangati outreach

The majority of these outsourced tests especially CD4, LFT, CRAG, TOXOPLASMA are done in preparation of patients for antiretroviral therapy and/or routine monitoring of patients. This is done in anticipation of severe opportunistic infections (Immune Reconstitution Syndrome) after starting therapy and those who are found positive during the screening process are treated for 2 weeks before initiating the ART.

The pregnancy tests are also done on suspicion of pregnancy and also for all women of reproductive age before they start ART. Blood slides for malaria and urinalysis are done routinely to aid the clinical management of the clients and Haemoglobin levels are estimated to rule out anemia.

Table 10: Shows summary of the investigations done in 2009

Test		Positive/Abnormal		Negative	Total
Sputum	D	58		399	457
	F	3		173	176
B/s		10		75	85
CRAG	D	4		62	66
HB	S	14		11	25
TOXO		26		35	61
HIV		447		1106	1553
HCG		27		54	81
VDRL		4		13	17
CBC		48		513	561
urinalysis		3		9	12
Rft		2		4	6
Dna-pcr		7		25	32
Lft		2		4	6
CD4					783
V.LOAD					54
Total					3975

Achievements

- As part of capacity building we successfully carried out an HIV rapid test training for counselors and they are now able to help with some work in the lab.

Future plans

- To work more closely with the NTLP on the issues of quality assurance.
- To be more self sustaining thereby reducing the number of outsourced lab tests

Prepared by John Amanyire Apuuli

2.4. PHARMACY

KHC still provides free drugs to all our clients and with the increase in the no of clients on the program; there has been need for more drugs. This year we had a constant supply of ARVs, we continue to appreciate JCRC and MOH for their support. We also appreciate the support of the National TB and leprosy program, (NTLP) for the TB drugs they gave us right through this year because we did not have any shortages. We are also indebted to the MOH, AIC, JCRC and TB CAP for the supply of Septrin and Fluconazole.

Picture 4: shows Nurse Grace working in the pharmacy

However this year, we had constraints in supply of oral morphine and consequently referred our clients to mulago and hospice for further treatment. We buy drugs for opportunistic infections and this year, the are times we lacked codeine or any other drugs, we asked our clients to buy, However we are glad to report that this was not so often and we hope with more funding, we shall be able to get drugs for all our clients at all the time. The table below shows the different types of treatment for pain relief.

Table 11: shows the number of clients on the different types of prophylactic treatment and the opoids for pain relief.

Drug	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1. Fluconazole	30	47	67	58
2. Septrin	593	688	726	762
3. Dapsone	65	42	51	34
4. Multi-vitamins	493	135	166	168
5. Oral Morphine	7	6	3	8
6. Codeine phosphate	23	6	6	0

Compiled by Ruth Asiimwe and Grace Mafabi

3.0 COMMUNITY & SOCIAL SUPPORT PROGRAM

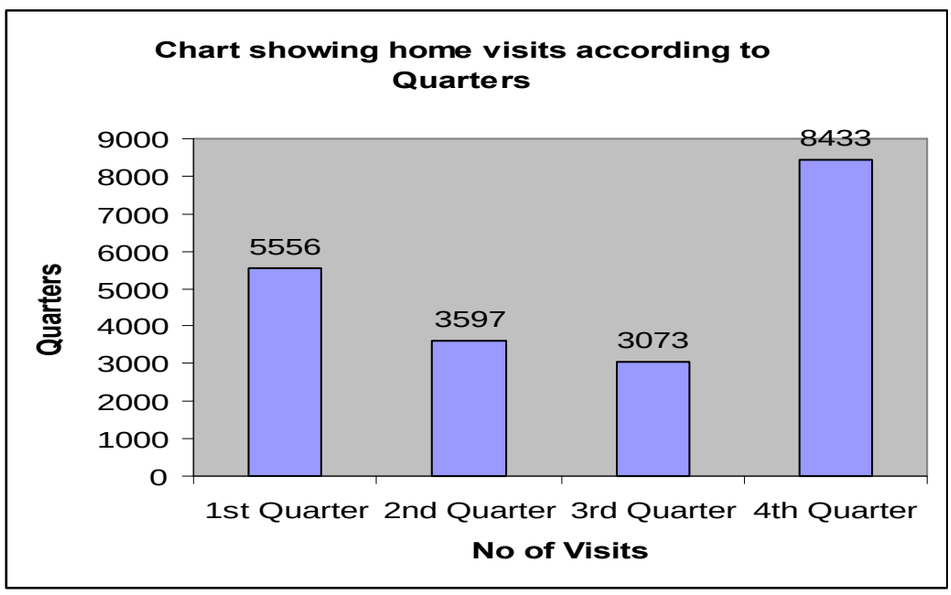
3.1. Community Net-Work of Care

Community net-work of care has retained of 25 community workers called VICTASS (Volunteer in Care and Treatment of TB, AIDS Support System). Out of the 25 volunteers, 3 are men and 22 are female. The services offered by these people are broadly divided into four categories; monitoring of drug adherence through routine home visits and pill counting, CBDOTS on TB clients, Home based care activities in homes and meetings. The VICTASS have been very exemplary in that 95% of them are living positively and use their experiences to encourage the sick clients to take their medications by demonstrating how they take their ARVôs in the presence of the clients.

3.1.1. Monitoring drug adherence

Adherence and compliance to antiretroviral therapy is properly monitored by routine home visits to the clients in their homes. Adherence monitoring is done by pill counting whenever community volunteers visit the clients and compliance is by asking the clients ideas about the drugs they are taking. The graph below shows the monitoring done in the quarters.

Graph 6: Chart showing home visits according to Quarters.



In the year 2009, we have managed to carry out 20,659 home visits and of these 8153 (48%) were for CB DOTS and the rest (52%) was for adherence monitoring and psycho-social support. As per the graph above, of the total home visits made, 27% were done in the first quarter, 17%, 15% and 41% done in the 2nd, 3rd and 4th quarters respectively.

3.1.2 CB DOTS

CB DOTS has been a major activity of the VICTASS in 2009, under this programme, we continued to visit TB clients on scheduled days according to the phases in which they belong.

3.1.3. Home Based Care Activities.

Home based care activities are done for our clients who cannot help themselves. In this year a number of our clients were bedridden and they acquired bed sores which required the VICTASS to provide which included daily dressing of wounds, washing, cooking food and drinking water, changing soiled beddings, making and giving rehydration salts solution and doing last office on those who die. Therefore this year, we have managed to serve a total of 81 clients.

3.1.4. Meetings

Community volunteers meetings have been of paramount importance in our daily activities. It is in these meetings that we discuss our achievements and challenges for which we get solutions. In this year, we had 48 weekly and 12 monthly meetings.

3.1.5. Challenges.

We were challenged by the many clients who Lost follow up and this was mainly because of improvement in their physical health and they preferred not to come back to the Health centre.

The other challenge was a few of our clients had poor drugs adherence and these are especially those on other programs.

3.1.6. Action plan

For the clients who were lost to follow up, community section together with monitoring and evaluation section, tried to follow up these clients on monthly basis and they were home visited by the community supervisors many of them have come back to the health center.

For clients with poor adherence, as the section we have decided to home visit these clients daily until such a time when their drug adherence improves.

3.2.0 ORPHANS AND VULNERABLE CHILDREN (OVCS)

The OVC section has 192 members. The OVC program provides the following services to children who are affected by the HIV scourge.

- Educational support through paying their school fees the children are given books, pencils, pens, brooms and toilet rolls among others.
- Voluntary counseling services, medical services, psycho-social and emotional support which includes provision of food and clothes, Legal Aid/child protection.
- Health care is provided through clinic and home visits
- At schools, we are able to carry out a school sensitization to all the children irrespective of their sero status, on different health topics especially the basic information on HIV/AIDS.

Nutritional support has contributed a lot towards the Health of our clients and the story below is of our client who has benefited from this support.

Nganda Allan is one year and three months old and he has both HIV/AIDS and TB and he is a double orphan and he stays with his aunt in Wampewo parish, Wakiso district. Allan's aunt was

found by one of the community workers Cissy who brought the aunt to the center for care and treatment.

On arrival, the Allan (pictured below) was malnourished, anemic, dehydrated, hairless and unable to move any part of his body and he had clear signs of TB despite the fact that he had tested HIV positive. The clinicians recommended TB investigations and an X-ray was done and the child was diagnosed of TB. So he was started on TB treatment on 31st July 2009 and to boost his immunity, he was put on nutritional support program since the beginning of the treatment up to now which includes a good diet of milk, Soya porridge, beans, ground nuts and posho and this was given on weekly basis and they always delivered to the aunt home by the community worker Cissy who always carry out DOTS on the child every day. Slowly by slowly, his life started getting better and he is now doing well

From the aunt, " I thank Kawempe Home Care for the care and treatment given to my nephew because I was stranded, confused, lost hope in Allan and I knew any time he was dying but I thank the organization for all the support afforded to my nephew. He is now looking nice, the hair has now grown and his health is now better I now have hope that he will be just fine".
We can see that sometimes people lose hope because they can't get the proper services needed to maintain their Health but the Allan's aunt is now happy and hopeful that her nephew is now better.

3.2.1 Home Care Education Support.(HES)

The HES program has continued to support the orphans and vulnerable children both affected and infected with HIV. Three children were able to join the HES program this year, however the number (95 children) on the waiting list is still big and they all need sponsorship. We managed to buy and distribute scholastic materials to all the 43 children on the programme. The table below shows the different schools the children attend.

The HES program has changed the children lives and that are all grateful for the support given, at the end of this year, Martin Muduma (*pictured below*), one of the children on school fees program, HIV positive, while bringing his end of year report, also wanted to express his gratitude he narrated to us his story below.

Martin told us about his mother, a community volunteer at the organisation and his elder brothers and how they live in a single room, in a ram shackled house in Kanyanya. He remembers when he was still in primary seven in 2008, and was very sure he would never join secondary school because he could not afford to pay. "… my mother used to work as a maid and therefore had very little or no money most of the times. She would also go to people homes and wash their clothes and all this was not enough to pay for my secondary education, and because of this I was sure I would never go to secondary school. my mother is a client here and one she told me about the school fees program and how she was going to apply for support, that was in 2008, every day she could come to her clinic visits I would ask her whether I had been accepted and she would give me no response and we kept hoping and praying." He narrated.

"…being HIV positive myself, my life became more miserable and even found it hard to take my medication, I knew that my dream of studying medicine would never come to pass since I would not go to secondary school. My mother told me that my brother in S.4 will stop there then go to an institution and probably finish first and get me money to study and to me that was like a nightmare, my life became more miserable every new coming day…," he paused, Then continued

.*"In February 2009, I was accepted and joined the HES program here at Kawempe, I was to go to Gaddafi integrated school for my senior one, and this was the best news ever…." a smile light up his face as he told of his 'best news ever". When Martin joined the school his performance has been very good and he does well in sciences and looking at his report, he was a promising student. Asked how he feels now that he is going to S.2, he says life has never been more promising, he continues "… after then, I knew I would definitely make it, I understand the fact that am HIV positive and this has helped me to study more harder and do something for my self, I do take my drugs well and am sure I will have more days to live and still study medicine and also help my mother because she has always been there for me." Martin appreciates the people sponsoring his education and Kawempe Home Care for accepting and taking him on the program.*

3.2.2 Golden Vessels

The golden vessels are children both HIV positive and negative and are talented in music, dance and drama and therefore in our drama club called the ñ*the golden vessels*ò. They are 64 children in this club. They use drama for HIV prevention. The Golden Vessel members managed to put up a musical gala which fetched the 3million Uganda shillings which they have used to purchase more costumes and their choir uniforms and to facilitate practice for future performances and presentations

Picture 5: golden vessels performing at the music gala to raise funds to run their programme

3.2.3 Teen's club

The teenôs club has 72 members, this year a team from treat for life visited the teenôs club members and shared in adherence and behavioural change. Another team from the John Hopkins foundation, Bugolobi delivered materials for sensitization, books for reading about behavioural change and board games for the children. The children also received 40 kilograms of clothes from Inger, our international volunteer.

3.2.4 Day Care

There are 13 children in day-care program. The children receive medical care, nutrition support, psychological and emotional support from a team of counselors and social workers who care for them. The children had a picnic together with the teenôs club members at the Entebbe World life Education centre and at Botanical beach gardens in December 2009. Many thanks to our volunteers Tina, Elin Zenker, Tina Nthenya Majale and Inger for all the support. Below is a picture of the children in day care.

Picture 6: From left: Najib, Vicencia and Ashiraf at the day care practicing the kiganda dance

All the above four categories have benefited from the OVC program this year and have been helped in reduction of stigma and discrimination, disclosure, improved good relations between the children and reduced stress.

3.3.1 Angels Network

This program has reached 3300 members in the community and 3254 in schools. The team has reached 7 community centres and 6 schools which have been of a positive influence since the number of new clients has increased in KHC. An educative quiz was carried out in one of the schools to find out how they benefited from our program and we discovered that the childrenôs behaviours had greatly improved as well as their awareness on the HIV scourge.

Picture 7: shows Afferdita an international volunteer doing sensitization at comprehensive college

Table 12: shows the no of sensitizations carried out in 2009

Indicator being addressed	Male	Female	total
No. of community members sensitized	1007	2293	3300
No. of students sensitized	800	1279	2079

No. of pupils sensitized	399	776	1175
No. of members in golden vessels	44	20	64
No. of members in teens club	40	32	72
No. of schools visited			06
No. of Community outreaches done			07

3.4. **PIGGERY PROJECT PROFILE**

The piggery project is one of the clientsô based projects of Kawempe Home care.
The project started with ten piglets, 5 males and 5 females. However, 3 died, 3 were sold and 4 piglets were bought of the money obtained out of the sale, 2 of the mature pigs gave birth to 17 piglets. Currently the project has 4 pigs which are all females, 17 piglets. Below are some of the pigs in the project.

Picture 8: shows two of the pigs in the piggery project

The project was faced with the problem of feeding the pigs for the first few months but however, the clients can now feed and take good care of their pigs. Since the project is steadily expanding, We hope that the project will flourish in 2010 when more clients get newly born piglets.

4.0 TRAINING AND CONFERENCES

This year was one of capacity building in all departments and training was a major Strategy we used to ensure that we deliver a high quality service. We had various trainings carried out that greatly improved the knowledge of the work we do.

The Continuous Medical Education (CME) has been strengthened and is done on a weekly basis for staff members covering all aspects of HIV/AIDS and related illnesses, this together with the weekly case conferences between counselors and clinicians have helped in discussing solutions to the challenges.

Our clinicians attended a TB infection control program on HIV/TB co infection control. We can now daringly state that the cases are effectively managed. We also had palliative care training in managing terminary ill patients.

A VICTASS refresher course was done on TB/HIV adherence support monitoring and spiritual empowerment for the VICTASS to enable them provide a dignified service to our population. On going health education is given to the clients as they wait to see the clinicianôs or receive their drugs

Counselors attended training on Child counseling, couple counseling and HIV rapid testing using a finger prink, the knowledge gained has greatly improved our Counseling team.

KHC beaders attended a training course in bead making at Reach out Mbuya which was meant to improve on the quality of the beads made. An association to help them improve on their quality is on and the project is improving.

The Ministry of Health invited us for training on logistics management and ART logistics, it was mainly aimed at equipping the participants in ordering, storage and dispensing of ARVs.

The entire staff got a 2 months training of Trainers (TOT) which was wished-for to equip the staff with training skills and boost people confidence and communication skills.

Our monitoring and evaluation team was trained on New PEPFAR indicators and data collection tools for adequate and consistent reporting.

5.0 NETWORKING AND PUBLICITY

AIDS Information Centre (AIC)

AIC has continued to support us with free HIV testing kits. A memo of understanding has been signed and the support has now increased to include the provision of condoms and training for Counselors.

Hospice Africa Uganda

Hospice Africa Uganda has continued to provide us with morphine for our clients in severe pain. We are also getting support in training our clinicians in Palliative medicine. To date three of our clinicians have attended the health professionalôs course.

African Palliative Care Association (APCA) (Based in Uganda)

APCA gave us the opportunity to submit a proposal for medicine and medical equipment to Direct Relief International (US based). We expect to receive the second batch of drugs and medical supplies in 2010.

The Palliative Care Association of Uganda (PCAU)

The Palliative Care Association of Uganda (PCAU) invited KHC for a Palliative care update meeting at Hospice Africa Uganda in August. The Update focused on the diagnosis and management of Cervical Cancer.

KHC also attended the world palliative care day celebrations that were held at the International School of Uganda. The highlight of the celebrations was a soccer tournament between all the organisations providing palliative care in Kampala, Uganda. The picture below shows, staff of Kawempe Home Care at the tournament

Pic9: Staff of Kawempe assemble for a football match at international school of Uganda organized by Hospice Uganda

The Archetti spiritual group meeting was held on the same day as the Palliative care update. It was a great meeting with members deciding on the composition of the group and setting guidelines on how the support group will be managed. Dr. Anne Merriman gave an inspirational talk on the importance of spirituality in Palliative care.

Joint Clinical Research Centre (JCRC)

JCRC has continued to provide KHC with free ARVôs 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. The end of the TREAT project early in March 2008 has affected our operations and the care given to our clients.

The National Cancer Institute, Mulago hospital
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 Kaposiôs 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) who have continued to support our CB ï DOTS program for Tuberculosis treatment in the community. An evaluation of the DOTS program was done by a Sociologist Dr. Claudia Peters that described the process and the outcomes. KHC also had the opportunity to help set up a CB-DOTS project at Mengo hospital through training community volunteers attached to the TB clinic.

Bead for life
This quarter we are pleased to announce a new partnership with beads for life. We have signed a memorandum of understanding that will enable us to send our teenagers who have completed or dropped out of school to go for further vocational training. This will enable them to earn 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 provided us technical assistance and provision of antiretroviral medicines. They have promised to provide us more technical support and medicines for treating opportunistic infections.

University of Kentucky (USA)
Among the many visitors we had this year we are very pleased to have a team of Sociologists from the University of Kentucky (USA). The students participated and supported many of the program activities in the community, administration and HIV prevention departments. A number of plans and activities have been laid down that will make a basis for future collaboration between the two parties involving an exchange program and expanding KHCôs activities in the community.

The Norwegian Embassy
KHC established relations with the Norwegian Embassy through one of our volunteers Inger Darflot, we received some furniture i.e. desks, beds and a wardrobe. These items have been extremely helpful for our outreach clinic in Kasangati.

6.0 ADMINISTRATION AND FINANCE

The year 2009 has been a year of tremendous growth for Kawempe Home Care. We are so very 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 have had many positive effects throughout the organization. We get together monthly for management, departmental and M&E meetings where we evaluate our performance and make decisions for the future of 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 years 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 January 2010 we expanded our office space in Kawempe. We desperately needed more working space for our admin team and community outreach program. We also acquired funds to start new clinic in Kasangati since 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 efficient.

KHC now has an updated blog 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

Thought the year we had a team of 50 devoted staff/volunteers who are receiving Monthly stipends. All the staff had a chance to under gone through a series of appraisals. We have three International volunteers who are not receiving any stipends our programme is divided into three main departments:

Medical department: One doctor (also the Medical /Executive director), 5 clinicians, 4 counselors, 1 laboratory technologist, 2 dispensers

Community and social support department:22 VICTASS, 1 community Network of care coordinator, one OVC coordinator, 3 Angels Network (our receptionist and are also working as Angels during Saturday teenôs club).

Administration department: The administration department is comprised of the Executive director, 1 project coordinator, Finance & Admin manager, Human Resource manager, and one accountant. Other include a cook, one cleaner, monitoring and evaluation coordinator and officer, a watchman, a procurement officer and a store keeper.

6.2.1. International Volunteers

KHC has been blessed with a number of good hearted volunteers in 2009. We extend our appreciation to Mrs. Inger Darflot, her family and friends from Norway who helped tirelessly in the day today running of the Day Care Centre. We are grateful to the financial support and technical skills that assisted the day care to set off.

Elin Zenker Aune from Norway joined in the first quarter and has been with us throughout the year donated clothes to the kids. She has been helping in the Day Care, and marketing the beads to support the orphans and vulnerable children.

Tina Nthenya Majale. From Kenya has been helpful in the day care centre. She also funded the operation of Angel Nayiga an orphan who was suffering from hernia. You put a smile on her face, thank you.

Mayte Rimmer Lomelin from Denmark joined KHC in the first quarter of 2008 as a volunteer for the school fees program. She has continued to strengthen up the systems in the Home Care Education support. She has supported in building the team and has also sourced some funds for the school fees of the children living with HIV/Aids.

Kristina a nurse by profession joined our medical department in the first quarter. She has also been extremely helpful to KHC as she has been able to treat patients on a daily basis.

Carol Menzies a volunteer from Australia who joined us in August 2008 and helped us set up a web site at www.kawempehomecare.org with the help of grade 12 student from Home bush Boysô High School in Australia. Carol has continued to help us in updating the website and mobilizing resources.

Claudia Giampietri, from Italy has been helpful in publicizing KHC in the media. Towards the end of 2008 she got involved in fundraising for a mobile clinic through a group of doctors and private donors in Italy. Through her collaboration a car for the mobile clinic was purchased and this has eased the movement of clinicians and counselors from one home visit to another. She is also supporting a child in home care education support.

Tom Pinkey who volunteered in the last quarter of 2008; has also continued to raise funds for school fees from the students at his school, Homebush Boysô High School and the local Rotarians club members

6.2.2 Team Building/Education Activities

During the year the KHCI team had a number of social gatherings that were aimed at building the team spirit and strengthening the interpersonal relationships of the volunteers.

Staff Day out Football

In the fourth quarter, all the volunteers of KHC had a day out at the international school of Uganda. The main aim of the day out was team building, networking and sharing experiences with other organizations that provide palliative care in Uganda. We played football with at least four different organizations.

Childrenôs Christmas Party

In the month of December the orphans and vulnerable children together with their leaders went to the wild life education centre in Entebbe. The purpose of this outing was to enable member interact with each other, learn about nature, relax, have fun and manage their stress. The function was sponsored by Mrs. Inger Darfolt.

Staff/Volunteers Christmas Party

The staff Christmas party was held on Friday, December 18th 2009 at Baguma Resort Centre Kampala. The staff turned up in formal party dresses with gifts that they had bought for their secret friend of the year. A raffle had been held and all staff/volunteers randomly picked a name of some one for whom they were expected to buy a present. The gifts were then handed over to the secret friends. Awards were also given to the Volunteers who performed well in each of the three different departments; the medical department was won by Ms. Mafabi Grace who heads the pharmacy, Community and Social Support department was taken by Ms. Namirimu Oliver who heads Community Network of Care; while the Finance and Administration department was worn by Mr. Tumwiine Elias an accountant. The award of the overall employee of the year was worn by Mr. Mwije Justus a counsellor in charge of Adherences. The staff/volunteers were then treated to a full course dinner and finally a dance crowned the evening.

Prepared by Niwagaba Gerever

6.3 Financial Report

Table 13 shows Kawempe Home Care 2009 Financial Report at a glance

Total Income	*Amount Ug. Shs.*	*US Dollars*	*Percentage*
Income			
GRANTS AND DONATONS	*262,658,853.00*	*134,696.85*	*83*
INCOME GENERATING ACTIVITIES	*53,300,308.00*	*27,333.49*	*17*
Total	*315,959,161.00*	*162,030.34*	*100*
Expenditure			

ADMINISTRATIVE COSTS	*33,539,860.00*	*17,199.93*	*12*
OPERATIONAL COSTS	*204,746,854.00*	*104,998.39*	*76*
CAPITAL COSTS	*31,076,000.00*	*15,936.41*	*12*
Total	*269,362,714.00*	*138,134.73*	*100*

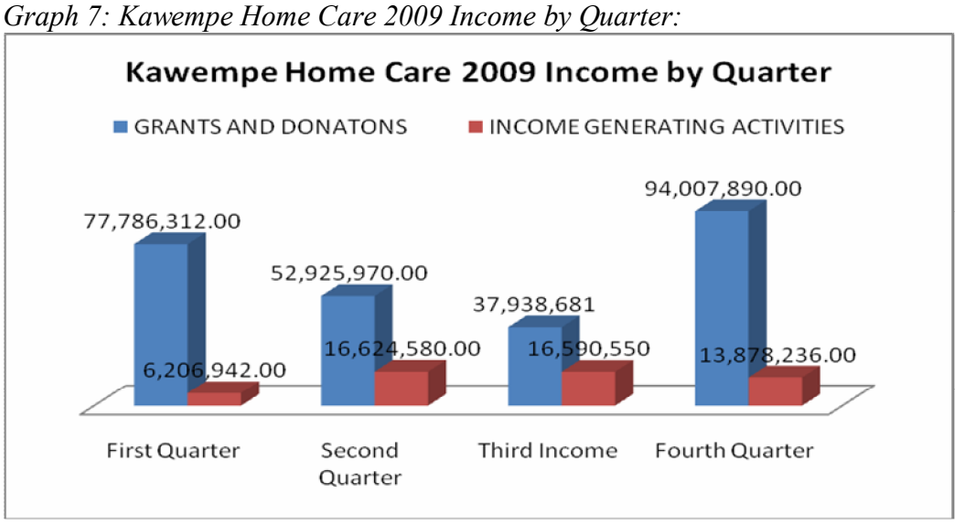
We are proud to note that, we successfully completed our first audit in the last quarter of the year. We have already received the draft report and are awaiting the final report which we promise to share with all of our friends and partners in few weeks.
On the same note our Finance Policy document is now being reviewed by the Board. New chart of account per donor was developed to help us in more efficient financial transactions and reporting.

We are also very happy to report that our income generating activities have continued to grow especially the recycled, paper jewellery made by our clients. We now generate over 17 % of our own operational funds. It is gratifying for us to try to raise local contributions for our work here.

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.

6.3.1 Total Income
In the year 2009, our total income came to Ug Shs 315,959,161.00 (US$ 162,030.34). These funds came from the generous donations provided by our friends the donors and our own income generation activities.

Graph 7: Kawempe Home Care 2009 Income by Quarter:



6.3.1.1 Awards (Grants) Income
These funds come from the contributions of our friends the donors. We are particularly grateful to the TB CAP, Friends of Reach Out, US Embassy, Hope for Children, Arc Aids, The Great Generations and Horizon3000 whose generosity we enjoyed in 2009.
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.

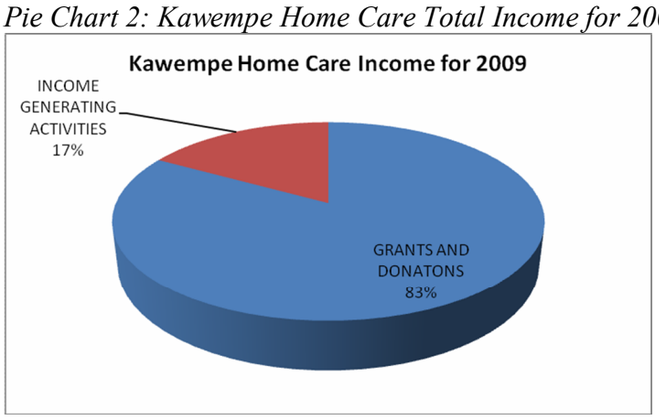
During 2009, we received a total of Ug Shs. 262,658,853.00 (US$134,696.85). This accounted for 83 percent of the total Income.

6.3.1.2 Income Generation Activities
Our Income Generation Activities have continued to flourish. The contribution of Income generation Activities has expanded to 17 percent of the total Income. We are particularly indebted to our clients who make the beautiful beads from recycled paper. We are indebted to our friends in the Denmark, Norway, 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.

7.3.1.3 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 can not compute in monetary terms. These work tirelessly to ensure that our clients are looked after and are in good health.

Pie Chart 2: Kawempe Home Care Total Income for 2009

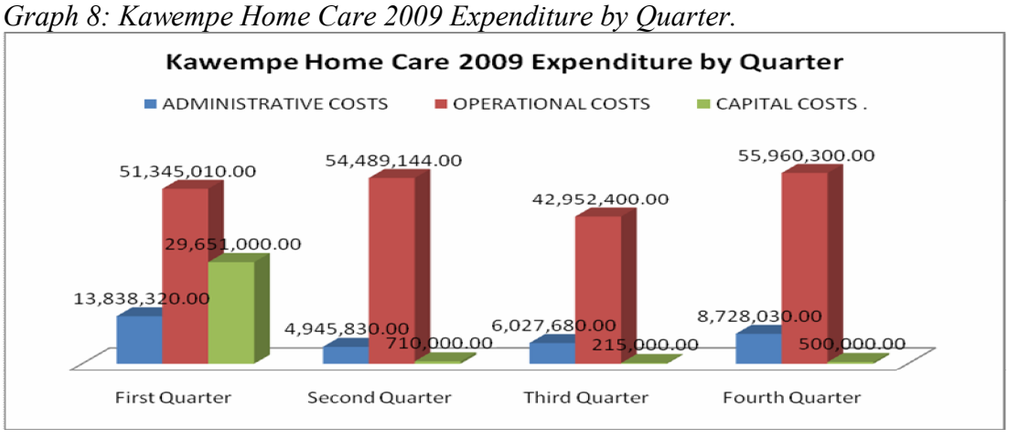


On the same note, we are indebted to: The Ministry of Health and Joint Clinical Research Centre that provided the much needed ARV medicines for our clients. AIC for free HIV testing kits. GSK Uganda for painting our clinic and provided drugs and nutritional support to our day care children. This is a 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.

6.3.2. Total Expenditure

Our total expenditure in the year 2009 came to Uganda Shillings 269,362,714.00 (US$ 138,134.73). These were sub divided into Administration costs, Operational Costs and Capital Costs.

Graph 8: Kawempe Home Care 2009 Expenditure by Quarter.



6.3.2.1 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 2009, our Administrative costs came to a total of* Ug. Shs 33,539,860.00 (US$ 17,199.93). *This represents* 12 *percent of our total expenditure.*

The administration costs went into paying for utilities: water, electricity, internet, providing simple lunch for our volunteers as the clinics takes the whole dayð this saves on the time one would lose looking for lunch - stipends for our cashier, cook, cleaner as well as paying for paper based office supplies.

6.3.2.2 Operational Costs

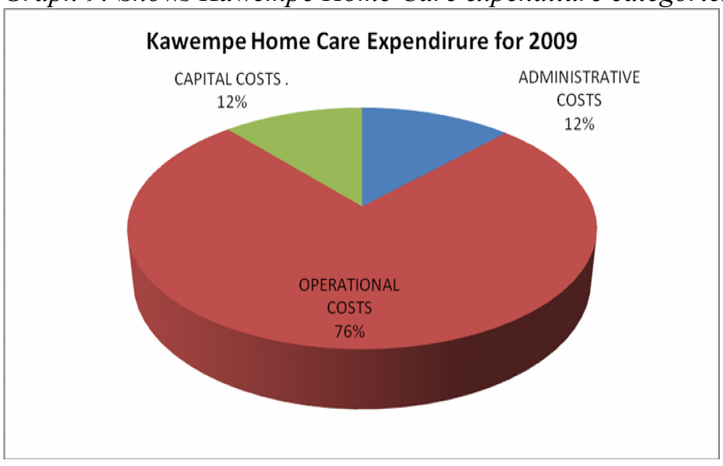
The Operational Costs came to Ug. Shs. 204,746,854.00 (US$ 104,998.39). This represents 76 percent of our Total Expenditure as we put at the centre of our attention are clients and their families. We spent these funds on: Clinical investigation (e.g. tests, X-rays, Scans, admission/referral, transport, salary/stipends for clinical staff); Home Based Community Support

(e.g. travel cost, teenôs club, Golden Vessel ï 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 (e.g 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 (e.g Laboratory supplies, stipends for lab. technologist); Medicine (e.g all medicine for Opportunistic Infections and others.); Other Operational Costs (membership fees, office rent, fund raising costs);

6.3.2.3 Capital Costs

In the year 2009, our capital costs stood at 12 percent of the total expenditure. We spent Ug. Shs 31,076,000.00 (US$15,936.41). We spent these funds 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 know that we must also spend on repairs and maintenance if we are to keep costs low and effective use our resources. We also acquired much needed computers and printers to keep accurate data and give timely and transparent reports.

Graph 9: Shows Kawempe Home Care expenditure categories in 2009



6.3.3 Acknowledgements

We would like to once again acknowledge the contribution of our development partners: The US Embassy in Uganda, Friends of Reach Out (FORO), The TBCAP (the Union and USAID), Hope for Children (UK), AIDS ARK (UK), Family of the late Uwe Prien, The Great Generation, HorizonT3000 and GSK Uganda who have supported us and made us sail through the year 2009.

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6.3.4. Challenges

Maintaining our volunteers remains a very big challenge as many of these do not have any other source of income and yet dedicate all their time supporting our clients. One major area of focus therefore in the year 2010 is to search for sustainable sources of funds to finance the stipends for the volunteers.

7.0 CONCLUSION

Once again we are very grateful to every one who contributed in one way or another to our project. We can never repay all of you for your tireless efforts and contributions. You have donated your time, your funds, your energy and your efforts to helping those who struggle with HIV/AIDS. Know that your love has helped so many have a second chance at life. Love is the

only treasure that when divided grows not less, but, more and more. With hope and dedication we enter into New Year.

God bless you all and have a wonderful 2010.

Prepared by Finance & Admin team: Bruno Onzima, Chris Hodun and Elias Tumwine and Dr. Samuel Guma