Kawempe Home Care

Annual Report

April 2015- March 2016

VISION

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

MISSION

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

OBJECTIVES

1. To provide comprehensive holistic care to people living with TB,HIV/AIDS and cancer in the community
2. To provide care and support to AIDS orphans and vulnerable children to enable them have better opportunities in life
3. To train health professionals and health workers in basic palliative care
4. Empower the poor and vulnerable communities throughlivelihood projects and social enterprises.

CORE VALUES

- Compassionate care
- Honesty & integrity
- Accountability & transparency
- Excellence
- Non-discrimination/ respect for each other
- Commitment to empowering and developing people to their optimum potential.

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ACRONYMS

AIDS	Acquired Immune-deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BFE	Beads for Education
CB-DOTS	Community Based Directly Observed Therapy
CME	Continuous Medical Education
CQI	Continuous Quality Improvement
CSW	Commercial Sex Workers
DHIS2	District Health Information System 2
DNA	Deoxyribose Nucleic Acid
EMTCT	Elimination of Mother-to-Child Transmission
HAART	Highly Active Anti-Retroviral Therapy
HCT	HIV Counselling and Testing
HES	Home Care Education Support
HIV	Human Immunodeficiency Virus
IDI	Infectious Diseases Institute
KHC	Kawempe Home Care
MARPS	Most At Risk Populations
NLP	Neurological Linguistic Program
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCAU	Palliative Care Association of Uganda
PCR	Polymerase Chain Reaction
PLHIV	Person Living with HIV
SOP	Standard Operating Procedure
TB	Tuberculosis
UGA-NET	Uganda Network on Law, Ethics and HIV/AIDS
VCT	Voluntary Counselling and Testing
VICTASS	Volunteers in Care TB treatment and AIDS Support System
WHO	World Health Organization

EXECUTIVE SUMMARY

Dear Friends and Partners,

We are pleased to inform you that this is our 8 year edition of our Annual Report and we are extremely grateful to CDC and IDI who have supported us to make a long-lasting change in patient's lives. It has been an exciting year of learning, growing and testing new interventions at Kawempe Home Care.

This year's focus was more interventions with the most at risk key populations and our main focus was more intervention with the commerical sex workers and client empowerment through social enterprises. We also integrated adolescent corner to provide adolescent friendly services, immunization and Gender Based Violence into the program. 613 commercial sex workers were tested for HIV, 98 (15.9%) were positive and 75 (76.5%) were enrolled in care. We have a total number of 1,937 active clients on our HIV program with 131 MARPS, 1671 active clients on ART, 1,145 are female and 526 male.

The highlight for this year was the celebration of our eighth anniversary in existence as an organisation and was marked with an OVC fundraising charity walk in November; "The Good Walk" that aimed at mobilising resources for our OVC program and this raised 30million shillings. We are extremely grateful to our partners; Barclays Bank Uganda, Bank of Africa Uganda and Airtel Uganda for all the support rendered to us during this walk.

For our social enterprises, 28 young women were trained in tailoring skills and 12 were retained and employed by KHC. Our appreciations go to the Rotary Club of Norway and Ms. Katherine Pettus of the International Controlled Medicines for donating sewing machines to our talioring project.

All we have been able to do this year has been due to the great support that we continually receive from our partners the Infectious Diseases Institute, Hope for Children (UK), True Colours Trust (UK) in collaboration with the African Palliative Care Association, the Palliative Care Association of Uganda,the Ministry of Health AIDS Control Program and Samaritan Hospice (USA). The KHC-Samaritan Healthcare and Hospice partnership won the Global partners award for being the best Hospice partnership.

I would also like to thank the Chairman and all the members of the board for their great support, encouragement and advice. They have been very instrumental in the progress of KHC and we are indeed very grateful.

Going forward we plan to make a significant contribution to the fight against the cancer epidemic in Uganda. We are deeply concerned about the plight of patients and families suffering with cancer and with the support of our friends and partners, we will do our best to reduce this suffering.

Your sincerely

Dr. Sam Guma
Executive Director

AMBER`S VOLUNTEERING EXPERIENCE AT KHC

I visited Kawempe Home Care at the invitation of a friend. She wanted me to see an efficient and effective program working to make great changes at a local level in Uganda. I found KHC to be doing just that to an impressive level. I am an occupational therapist from the United States. Once the staff at KHC learnt of my experience in community health and working with patients having neurological disorders, they knew just how to put me to work. We scheduled a day clinicians would be in the community in order to visit clients having toxoplasmosis related to poor compliance with HIV/AIDS treatment regimens. Kawempe is considered one of Kampala's biggest and worst slum areas. The people living in Kawempe have little, poorly manage in unsanitary conditions, and typically demonstrate poor psycho-social adaptation and functioning. Alcoholism and HIV/AIDS thrive in Kawempe. However, KHC has managed to break through the deficits of the area in order to teach health, sanitation, and self-reliance. Most importantly, they've planted hope.

Amber (left) conducting physiotherapy during training for medical officers and a counsellor.

The clients we saw were even worse off than the general Kawempe population due to long-term illness resulting in severe disability. Toxoplasmosis attacks motor planning and coordination, leaving these persons unable to walk, barely able to crawl, and often unable to independently complete simple activities of daily living such as bathing, dressing, and feeding oneself. Kawempe manages to provide community caregivers who assist these individuals in caring for themselves and their environment in order to improve health and quality of life.

I found these clients striving for health and improved living; I found the caregivers to be compassionate and exemplary citizens caring for their neighbors and wanting to learn how to improve their skills in caring for others.

Another issue with toxoplasmosis is a hypertonic state which often occurs on one side of the body more than the other causing contracture of joints and pain. I was able to share my knowledge of various ranges of motion and positioning programs via field experience and through an in-service with staff, clinicians, and caregivers. Use of these programs can greatly improve palliative care, function in daily life, and pain management. Everyone wanted to learn and apply these skills with clients. At KHC, everyone is quick to respond to clients' needs.

I was also impressed with the clinic, outreach programs, children and teen programs, although I did not spend much time there. Great efforts are being taken by KHC to stretch forth quality care as far as they can reach.

KHC also provides for clients through a Skills Development and Empowerment Program. This program allows clients who can no longer work, learn and apply new skills in a way to make income until they are healthy enough to return to work. I love this program because it is empowering and encourages self-reliance. Within the program, clients can learn beading, tailoring, mushroom growing, dancing/performance arts, or pig farming, resulting in improved living through engagement in occupation. This is an occupational therapist's dream come true. The staff, clinicians, and community volunteers at KHC are full of energy and life. They are inspiring. They truly live and work the principle of "find a need, fill a need". They are creative team players filled with kindness, care for their fellow human beings, and positive energy. I am grateful to have been able to spend so much time with them, and will return home with renewed gratitude and new skills I also hope to apply in my practice.

By Amber M. Adami, MOT, OTR/L.

INTRODUCTION

It has been an exciting year of learning, growing and testing new interventions. Kawempe Home Care is not just an organisation; it is a family where patients, staff and management are one with the same goals. We are extremely grateful to CDC and IDI who have supported us to make a long-lasting change in patient's lives. This report is a testament of what the four departments achieved in line with the orgainisations key objectives.

This year we focused on the key populations specifically sex workers and client empowerment through social enterprises. We also integrated adolescent corner to provide adolescent friendly services, immunization and 'Gender Based Violence' in to the program.

Although these activities are still crippling due to lack of space for adolescent corner and expertise in gender violence, we look forward to improving the quality of these services in the next year. Targeted HIV testing and counselling for Commercial Sex Workers (CSWs) was a success (95% are on ART), due to our strategy of using peer supporters to help in mobilization and support for the Test and Treat program.

EMTCT mother breast feeding her baby

The retention of the CSWs on the program improved due to drug refill clinic outreaches conducted in the hotspots for CSWs, who don't want to come to the facility. Also, all new infants born from HIV+ mothers remained negative.

This is a clear indication that in our local setting we are on a track to achieve the UNAIDS 90-90-90 treatment target that will help to end the AIDS epidemic.

Below is the performance report according to the work plan 2015/2016.

HIGHLIGHTS OF PROGRAM ACTIVITIES

- 613 Commercial Sex Workers tested for HIV, 98 were positive and 75 of these enrolled at KHC.
- A total of 1,937 clients are active on our HIV program.
- 131 Most At Risk Populations (MARPS) are active in care.
- A total of 1671 clients are active on ART; 1,145 of these are female and 526 are male.
- 27 cancer patients were cared for during the year.
- 173 mothers are active on EMTCT.

Counselling

- 1,189 males were tested and counselled for HIV, 140 were HIV positive.
- 1,149 females were for HIV and 247 were HIV positive.
- 25 discordant couples were enrolled.
- Therefore 16.8% of all the people counselled and tested were HIV positive whilst 83.2 were HIV negative which indicated a very high prevalence rate way above the national prevalence rate of 7.3% (UAIS 2014)

Community

- 10 community volunteers help in identifying patients, home based care and adherence monitoring in the community.
- 1,111 home visits were conducted.
- 243 Orphans and Vulnerable Children are active on the program.
- 147 children on HES program.
- 267 clients received social support.

Skills Development and Empowerment

- 28 women (tailors) were trained in making bags.
- 12 tailors are actively employed in producing bags at KHC.
- 4 bead makers are actively producing beautiful paper beads.
- 200 school bags produced.

1.0 MEDICAL DEPARTMENT

The department of medical services is responsible for providing the following services: clinic, pharmacy, laboratory, and counselling. They work together to ensure quality services are offered to our patients. Comprehensive holistic care is provided to HIV/ AIDS patients including Tuberculosis and cancer patients.

Patients are able to access medical care, counselling, psychosocial support and home based care free of charge, which has greatly improved their quality of life with many resuming work and able to support their families. We manage; TB infection; Elimination of Mother to Child Transmission of HIV/AIDS mothers; palliative care; opportunistic infections; provision of ART; family planning; cervical and breast cancer screening; capacity building for the medical staffs and other support services.

1.1 COUNSELLING & TESTING SERVICES

HIV testing for MARPS in the community

The counselling section provided; HIV counselling and testing, ongoing counselling to address psychosocial problems of patients; and bereavement counselling for families experiencing loss of a loved one.

The counselling section worked within the National guidelines for HCT. 'HIV screening is recommended for patients after the patient is notified that testing will be performed, unless the patient declines. Prevention counselling should not be required with HIV diagnosis testing or as part of HIV screening programs in health care setting. Separate written consent for HIV testing should not be required but general consent for HIV screening should be considered sufficient to encompass consent for HIV testing.'

HIV testing and counselling was carried out at the facility, outreach clinic and in the community targeting commercial sex workers and their partners.

The HTC targeted outreaches aimed at commercial sex workers (CSWs) and with the support of their peer supporters, they were mobilized among the identified hotspots. They were encouraged to bring along their partners who are mostly long distance truck drivers. Among the services provided are condom distribution, screening and treating of sexually transmitted infections (STIs), enrollments and referrals done for the HIV positive individual.

A total of 613 CSWs and 532 of their partners were tested for HIV.

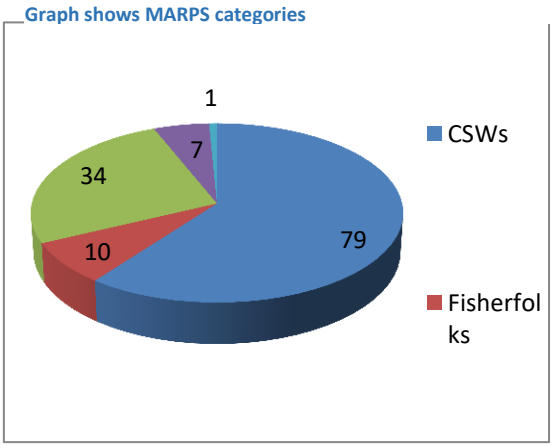
Table 1: MARPS tested for HIV

Category	Indicator	April-June 2015	July-Sept 2015	Oct -Dec 2015	Jan-Mar 2016	Total
CSWs	Number tested	113	241	146	113	613
	Number positive	12 (10.6%)	14 (5.8%)	41 (28%)	31 (27.4%)	98 (15.9%)
	Enrolled	7 (58.3%)	10 (71.4%)	30 (73.1%)	28 (90.3%)	75 (76.5%)
Partners of CSWs	Number tested	140	325	41	26	532
	Number positive	5 (3.6%)	6 (1.8%)	7 (17.1%)	4 (15.4%)	22
	Enrolled	3 (60%)	3 (50%)	4 (57.1%)	4 (100%)	14(63.6%)

The beginning was challenging due to the fact that it was difficult to identify the targeted population among the community. A few CSWs refused to be enrolled in care due to stigma, causing a low prevalence rate and percentage of HIV positive CSWs. However, later the CSWs peer supporter who are our clients in care, were able to support in identifying hotspots and mobilising their peers for HTC and linkage to care for those that were HIV positive. This strategy ensured privacy and confidentiality leading to a higher prevalence and higher percentage of HIV positive CSWs enrolled into care.

1.1.1 MARPS IN CARE

Out of the cummulative number of **147** MARPS, **131** are active in care; **79** of these are CSWs, **10** are fisherfolks, **34** are truck drivers, **7** are uniformed service groups and **1** is MSM (Men Sleeping with Men).



Bereavement Counselling: Bereavement counselling visits were made to 21 families for grief and psychological support.

Discordant couples meetings: Quarterly meetings were held for the 64 active discordant couples. The aim of these meetings was to discuss matters concerning discordance, give updated information on discordance, and to retain the

Ongoing Counselling: A cumulative number of 1643 clients were counselled; 496 first quarter, 525 second quarter, 305 third quarter and 314 in the fourth quarter.

Kitebi drama group sensitizing clients

negative partners in our Care. The couples shared experiences, challenges and brain stormed solutions in coping with discordance. The positive partners learnt how to prevent infecting their partners and the importance of supporting each other in such a situation. Due to these interventions, 100% of the negative partners are still negative. Condoms were distributed to all the members.

ART Education Meetings: Counselling section held two update education meetings at the faculty and at the outreach clinic with various information being given i.e. adherence; positiveliving; nutrition; tuberculosis; family planning; and disclosure. These meetings have helped clients adhere well to treatment.

Success story

My name is Kamya John Baptist and I am 16 years old. I was born in Masaka. My mother died of HIV/AIDS and that's when I was identified with HIV. I was started on ART. After sometime my father withdrew medication from me saying that I shouldn't take drugs anymore because I didn't have HIV. So I couldn't take drugs any more since my father told me not to.

A community volunteer counselling John

After sometime my sister took me from Masaka to her place in Kawempe. She took me to Kawempe Home Care where I resumed my treatment but on second line. I could take medications but with worries asking myself why I am taking drugs.

On one of the clinic visits, the counsellor and my sister disclosed to me my HIV status. I was so frustrated even when they told me not to worry. How could I be having HIV? What wrong did I do? These are some of the questions I asked myself. I lost my appetite, stopped eating and even taking my medication.

I started growing thin. However, Kawempe Home Care team would come for follow up and review my treatment and it's around that time that I meet counsellor Jaston who was part of the team. I trusted him and I disclosed to him what I was feeling. He started counselling me about my worries that I had about Kawempe Home Care team who I was taking as my enemies. Since I had a counsellor who had started counselling me I accepted to hear from him. I got new knowledge from him and I was happy with Kawempe Home Care team that helped me out.

This is my humble vote of thanks to Kawempe Home Care and I advise my young brothers and sisters that whenever you get any psychosocial problem please visit counsellors they will identify with your problem and help you.

1.2 CLINICAL SERVICES

These included; EMTCT; TB/HIV care; cervical cancer screening; family planning; home based care; palliative care for cancer patients; adolescent care; pharmacy services and laboratory investigations. All these services were free of charge.

Medical consultations: These were made at the clinic or clients' home depending on the condition of the patient; bed ridden and ambulatory patients are seen from home. Very sick patients who needed hospitalization were referred to the national referral hospital for further management.Therefore, 2,457 medical consultations were made at the clinic and at client homes in 2015.

1.2.1 CLIENTS ON ART

The clients were initiated on ART as recommended by the Ministry of Health (MOH); patients with CD4 less than 500; MARPS, HIV pregnant mothers, HIV/TB patients and children under the age of 15 irrespective of their clinical stage and CD4 count.

Currently 100% of children under 5 are on ART, 95% of CSWs are on ART, 100% of TB/HIV patients are on ART, 98% of HIV positive partners in discordant relationship are on ART. A total of 1671 clients are active on ART with 1145 of these being female and 526 are male.

Table 2: ART clients cared for

Indicator	April-June 2015	July-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Number of adults and children enrolled	60	58	55	60
Number of patients enrolled on ART cohort 12 months before this period	120	110	64	62
Number of patients known to be alive and on treatment 12 months after ART initiation	106	99	56	57
Percentage of adults and children known to be alive and on treatment 12months after ART initiation (Survival rate)	88.3%	90%	94%	93%

1.2.2 TB/HIV INTEGRATED CARE

2,150 clients were screened for TB during the year, 272 were suspects for TB with the help of intensified case finding guide, 48 were diagnosed with active TB and all were enrolled on treatment. 36 clients were bacteriologically confirmed with pulmonary tuberculosis and 12 were diagnosed based on radiological judgment.

By the end of the year, we had 23 active clients, 16 clients were TB/HIV co infected, and all are on ART. 39 clients managed to complete TB treatment successfully.

Table 2: TB patients cared for

Indicators	April-June 2015	July-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Total
Number of TB patients who had HIV test results recorded in the TB register	11	12	10	15	48
Number of new smear positive clients	9	10	8	9	36
Number of TB patients who completed TB treatment	7	14	5	3	29
Number of TB/HIV co infected	17	19	11	16	
Number of active clients on TB treatment	30	30	18	23	23

TB treatment outcomes: 42 clients were treated in 2015.

27 of these clients had pulmonary bacteriologically; 23 were cured attributing to a cure rate of 85.2%.

12 clients completed treatment attributing to the treatment success rate of 85.7%.

A counsellor (right) educating a TB client

1.2.3 HOME BASED CARE

KHC provides medical care for patients in the home.The medical team includes clinicians, counsellors, social workers and community volunteers. Patients were visited routinely or on an emergency.

Table 4: The number of routine and emergency home visits.

Type of Home Visit	1st quarter	2nd quarter	3rd quarter	4th quarter
Routine	62	36	55	67
Emergency	14	9	19	11
Total	76	45	74	78

1.2.4 PALLIATIVE CARE FOR CANCER PATIENTS

KHC's end of life care is to provide terminal patients with pain control, symptoms management, psychosocial counselling and spiritual support. We have 3 models of care: health facility based, outreach station and home based care. Palliative Care patients who are strong come to the health facility for the care (health facility model). Those patients who are unable to travel are visited at home by our medical team on a weekly bases and any time for emergencies cases (home based care).

The organisation has a static outreach site at Kasangati where palliative care services are brought nearer to

A home visit team visiting a patient (right) at her home

people especially those from Nangabo county, Wakiso district (outreach model of care).

The community volunteers live in the community with patients. They know which patients need to be visited at home and they notify the medical team. The total number of palliative care cancer patients during this period was 27 (11 men and 16 women). 12 were visited at their homes, 7 as routine visits and 5 were emergency cases.

Nampiima Hasifah's Story

My name is Hasifar. I am 49 and a mother of 5 children. I was referred to KHC from Mulago national referral hospital in August 2015. I was taken to KHC by my elder sister. Being very weak I was taken to the resting room and a clinician came to see me. He found me rolling in bed and I had wrapped my upper abdomen with one pair of the bed sheets because of agonising pain. I had a black polythene bag full of saliva on my side. My sister was standing beside the bed looking helpless.

I gave the clinician a referral letter that confirmed that I had cancer of the esophagus. While I was in Mulago I had a gastrostomy tube for feeding.

I gave the clinician the medicines I had from Mulago and oral morphine (5mg/5ml) was amongst them. I was told to take 5ml only when I develop the pain. I had taken a dose that morning but it had not controlled the pain.

The clinician gave me another shot of oral morphine 5ml of 5mg/5ml and after about 4 minutes, the pain had reduced greatly. I was now comfortable and able to talk to him. I told him how I have been sick for a year but only came to know about my diagnosis one month ago. I was assessed holistically, counselled and discharged on oral morphine. I took the morphine as told by the clinician and I stayed pain free, the salivary secretions had also reduced a lot. The same clinician came to my home the next day.

My husband had abandoned me with our five children because he heard that I have cancer and it will not be cured. All my children are still in school but are likely to drop out because of no school fees. Before, it was their father who was paying the fees. I told the counsellors all my worries and felt better. I am a Muslim and am at peace with Allah.

The counsellors and clinicians now treat me from home and I am so grateful for the care Kawempe Home Care has given me. I know I will die soon but at least I won't be in pain. My only distressing factor is my children; the counsellors promised to follow up my husband and talk to him since his phone was off at the time of the visit.

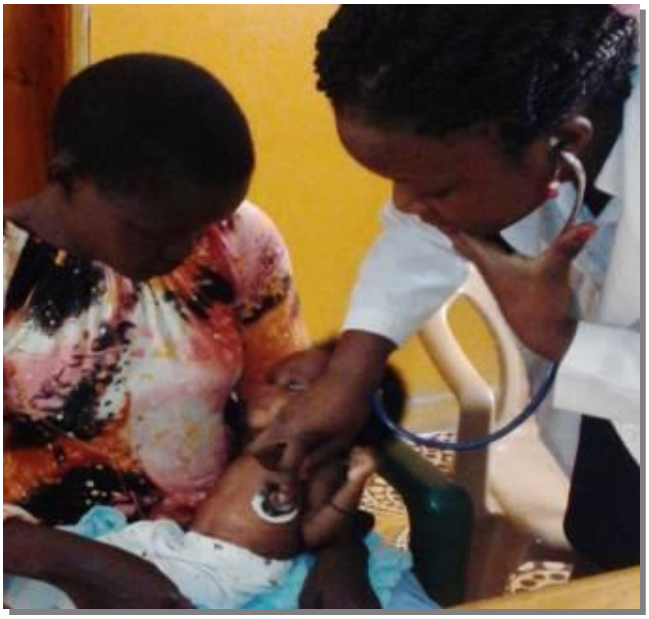
1.2.5 PEDIATRIC ADOLESCENT CARE

KHC has 153 children enrolled for HIV care, 15 of those children were enrolled this year. All the children are on ART. The services offered to the children include: management of opportunistic infections and other medical conditions; early infant diagnosis (EID); HIV treatment (provision of ART); ongoing counselling; and food support for the less privileged children.

To improve the adolescent care services, an adolescent corner was introduced at the facility in October. It focuses on the special attention needed by the adolescents and also helps them to share their experiences, pressing issues with health workers and their peers. One meeting with the adolescents was held to take into account an interactive session where they can learn from each other.

Also we offer special support for the children through providing food and clothing for the very needy children and malnourished children.

A seven month old baby who was about to die from malnutrition was restored through providing the mother with food support and monitoring the child's growth and development. We hope to start providing immunization services to the children next year since we acquired a refrigerator so we can store the vaccines.



Malnourished child before intervention

Six months after intervention

1.2.6 EMTCT

Pregnant and lactating HIV positive mothers were initiated on lifelong ART as soon as they were diagnosed. This year KHC has cared for 259 EMTCT mothers and among these 76 were newly enrolled on the program. We carried out various activities which include education meetings which helped clients to be updated on ways of preventing transmission of HIV virus to babies, cervical cancer screening which is done once a year for early treatment and prevention. We also managed to provide family planning sensitization which involved provision of family planning methods of the client's choice to prevent unwanted pregnancies.

Table 3: EMTCT Mothers cared for

Indicator	April-June 2015	July-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Total
Active clients	183	161	183	172	259
New enrollments	10	16	28	22	76
Clients initiated on ARVs	4	4	7	0	15
No. of deliveries	5	12	13	7	37
Babies died	0	0	0	2	2

Early Infant Diagnosis (EID): EID activities include 1st DNA PCR testing at the age of 6 weeks after birth, then 2rd DNA PCR test which is done at 6 weeks after cessation of breast feeding. At the age of eighteen months a rapid HIV test is done to confirm the HIV status of the infant.

Infant feeding counselling and education was done at every clinic visit to reduce incidences of malnutrition and HIV infection brought about by mixed feeding.

This year KHC carried out 1st DNA/PCR test on 64 infants and 60 infants were followed up on the EMTCT program. 59 (98.3%) had negative 1st DNA/PCR results while 1 (1.6 %) infant tested positive. The mother of this infant was delivered by a local private and the nurses didn't know her HIV status.

Three (3) infants who were referred from the community had the 1st DNA/PCR test and they all received positive results. The mother reported that they had no EMTCT interventions during pregnancy, delivery and after birth. The two positive children are in care but one child got lost due to lack of telephone contact.

Clinicians abdominal tapping a child

Table 4: Exposed infants cared for

Indicator	April-June 2015	July-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Total
Infants with positive results	0	2	1	2	5
Infants tested by rapid test	11	9	16	12	48
Infants tested positive	0	0	0	0	0
Babies tested by 1st PCR negative	24	17	5	18	64
Infants with positive results	0	2	1	2	5

Reproductive Health: KHC provided reproductive health services to the HIV positive clients and the entire community. The services include client sensitization on reproductive health, cervical and breast cancer screening and family planning.

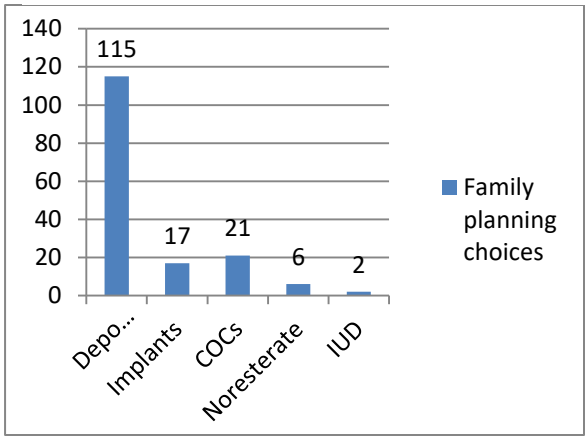
1.2.7 CERVICAL CANCER SCREENING

Clients were sensitized and screened at each clinic day. We targeted to screen 7 clients a day due to fewer types of equipment to use. This year 237 clients were screened for cervical and breast cancer and 3 received positive cancer lesion results. One client was referred for cryotherapy and she is now stable, 2 were referred for biopsy but investigations have been delayed due to financial constraints.

1.2.8 FAMILY PLANNING

Clients were sensitized on the importance of family planning and were able to make informed decisions on desired contraceptives methods. 164 clients received a range of family planning methods. 115 received Depo-Provera injections, 17 received implants for 3 years, 21 received combined oral contraceptives, 6 receivedNoresterate and 2 clients chose interceptivedevices (IUDs).

Graph shows categories of family planning choices given to clients.



Nutrition assessment: In the first three quarters of the year we were carrying out targeted nutritional screening and assessment. It was based on clinical assessment that is, clinical signs and symptoms of malnutrition for example wasting, underweight, edema, pale hair, amongst others. During this period 4 client's children were identified to be malnourished.

As part of the intervention, their mothers/guardians were given nutrition education and counselling after which they were referred to family and child medical centre in Kawempe - Tuula for therapeutic feeds (RUTF). Of the 4 spotted children, 3 got better and were discharged from the nutrition program while the other is still being monitor but with great improvement.

In the last quarter, we began carrying out anthropometric assessment in which we measure and use body weight, height, age and MUAC as the baseline indices. During this period 106 adult clients were assessed for malnutrition and none were malnourished.

1.2.9 LABORATORY SERVICES

10,624 tests were conducted and HIV test ranked highest since it is the priority for clients on the program for TB/HIV chronic care.

CD4 on the other hand was high because each patient on the program is compelled to have 2 CD4 tests a year as a way of monitoring them immunologically. We appreciate the Ministry of Health for their support with a PIMA machine. This means that we are able to perform urgent CD4 tests onsite for selected patients. This has improved patient care and management.

As a means of ensuring good quality of life for clients on chronic HIV care, we are always looking for any opportunistic infections and tests like TB smears, malaria, urinalysis etc. are conducted whenever required.

Table 5: Laboratory tests

Name of the Tests	No. of Tests
Others	11
LFTS	14
RFT	14
SCT	31
H.pylori	17
Serum crag	23
Toxoplasmosis	25

Brucella Agglutination test (BAT)	28
HEPATIS C	41
Blood Glucose (RBS)	55
Widal	136
Hepatitis B	119
DNA PCR {Dried Blood Spots (DBS)}	148
Gene Xpert	198
Malaria (Smears microscopy)	231
TPHA (OPD & others)	292
ZN smear Microscopy	369
Urine Pregnancy test	411
Full Blood Count (FBC) – Automated	471
Urine Microscopy (OPD & others)	535
RNA PCR (Viral load)	1095
Malaria RDTs	1021
CD4 counts – Automated	2547
HIV Rapid tests	2821
Total	**10,653**

Viral load monitoring: This is used to monitor HIV progress. Treatment failure can be detected early and it also guides the medical team on unnecessary switching of clients to second line. According to guidelines, the baseline viral load is taken 6 months after ART initiation and subsequent viral loads are taken annually. We started viral load monitoring in the second quarter (July-Sept).

Viral load tests were conducted for patients who had spent at least 6 months on ART. A total of 546 clients have viral load results documented. 22 of these had detectable viral load >5000. They are being counselled and closely monitored for adherence.

Table 6: viral load results documented

Indicator	April-June 2015	July-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Total
Undetectable	0	132	140	214	486
Detectable <5000	0	10	17	11	38
Detectable >5000	0	2	4	16	22
Total	**0**	**144**	**161**	**241**	**546**

1.10 PHARMACY

There was steady supply of all ART medicines for the patients. However, due to the large number of patients we did not have enough OI's butoral morphine for the patients that required it.

The table shows the total consumption of ART at KHC during the period.

DRUG DECRIPTION	QUANTITY(TINS/PACK) CONSUMED
Tenofovor/Lamivudine/Efavirenz	8207
Tenofovir/Lamivudine	1176
Zidovudine/ Lmivudine /Niverapine	4488
Zidovudine/lamivudine	2079
Efavirenz 600mg	1939
Nevirapine 200mg	894
Atazanavir/Ritonavir 300/100mg	527
Lopinavir/Ritonavir 200/50mg	284
Abacavir/Lamivudine	269
PEDIATRIC FORMULATIONS	
Zidovudine/Lamivudine/Nevirapine	1111
Zidovudine/Lamivudine	466
Abacavir/Lamivudine	320
Efavirenz 200mg	233
Nevirapine 50mg	77
Lopinavir/ Ritonavir 100/25mg	88
Lopinavir/Ritonavir 80/20mg oral solution	13
Nevirapine 10mg/ml oral solution	16
PROPHILAXIS	
Cotrimoxazole 960mg	609
Cotrimoxazole 120mg	56
Dapsone 100mg	144

2.0 COMMUNITY SUPPORT PROGRAM

The community department covers the community network of care for orphans and vulnerable children (OVC) and social support. The core activities for OVC services, are adherence support, home visits, home based care, social and legal support.

Community Network of Care is made up of our VICTASS (volunteers in care and treatment of HIV/TB and cancer support system). There are 10 volunteers, 2 are supervisors who have been active throughout the

reporting period. The main work of adherence support is not only done during home visits but also at the clinic, to monitor those who are working and are rarely found at home. The VICTASS are also responsible for patient identification and linkage into care, tracing lost to follow up patients and encouraging them to re-engage in care.

Medication Adherence Support

This has remained a core activity of the volunteers and has been done at home and at the clinic, where the pill balances are counted and adherence is assessed. A total of 1,111 home visits were conducted. Our main support is given to the very sick patients, EMTCT mothers and those whose adherence is questionable.

A community volunteer assessing the adherence of a patient (right)

Community Home Visits

100% of the bed ridden patients who were in need of care all received home based care services. This included: adherence monitoring; counselling; basic nursing and domestic chores. Also destitute bedridden patients are given food to help them adhere to treatment and recover quickly. Also, other patients who needed social support were assisted and this improved their well-being.

2.1 SOCIAL SUPPORT

Patients in need of social support were identified by the community workers, counsellors and clinicians. They were assessed and the neediest were provided with what they are lacking. The funds and donations available only allowed for a few clients but the need for social support is big in our community.

Success story (Appreciation)

My name is Kikulwe Lucky and I am 11 years old and in primary five. I want to thank Kawempe Home Care because it has not only paid my school fees (through the Cope family), but has also made me look smart and decent. I used to put on very old clothes because my mother could not afford to buy clothes my 4 siblings and me, after my father abandoned us. I was so surprised when I came to Kawempe Home Care to practice in the dance group, only to be given very nice and expensive clothes, tooth paste and toothbrush I had never touched before. I feel so loved at the same time respected by my friends because of the nice clothes I received. May the good Lord bless Kawempe Home Care with abundance, so that it can also extent its support to other children who do not have clothes and food.

Before intervention

After intervention

2.2 ORPHANS AND VULNERABLE CHILDREN

We have 243 children in our OVC program: the Teen's Club, Kalimarimba, Home Care Education Support (HES) and Day Care. There are 147 children on HES, 25 children in Day Care, 117 in Teens Club and 72 in Kalimarimbas. The children participate in one or more of these programs.

OVC addresses children's psychosocial issues because many of their care givers are overburdened and often lack the social-economic capacity to provide adequate care and support to these children. The intervention is done through different programs like, Teens Club, Kalimarimbas, HEC and Day Care. These programs focus is maintaining them during their schooling, HIV/AIDS treatment, care and prevention, psychosocial support especially to the poor vulnerablee children.

End of year chrismas party

Usually the children and their families are part of the solution while seeking opinions from them during the process of planning and programming. All children have to participate in at least one of the 4 programs. We concluded the year with the children's Christmas party sponsored by Airtel Uganda. Such days are good memories engraved on each of our child's memory!

2.2.1 DAY CARE PROGRAM

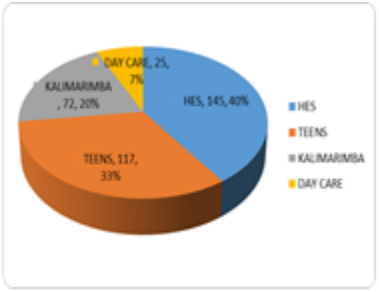
Day care children playing

This program supports children under the age of 5 years who are HIV infected and affected. Each Wednesday these children participate in playing, learning, interacting and are given a nutritious meal. This program is vital in assessing adherence to treatment; treatment of the opportunistic infections, and also a way of providing psychosocial support to both children and their parents. It is an interesting program in the section which was resumed last year when we received some funding. There is currently enrolled of 30 children.

The children go through nursery education: reading, writing, singing, dancing and lots of games. They are provided with nutritious meals to keep them healthy and strong.

2.2.2 HOME CARE EDUCATION SUPPORT

Education support aims at helping HIV infected and affected needy children through paying their school fees, provision of scholastic materials, uniforms and study trips. 147 children benefit from the program. This is paramount that these children are given the opportunity to go to school because a poorly educated child is at a high risk of experiencing a lot more challenges in life.



We also actively involve the parents and guardians in the child's education through parent meetings. This aims to discuss issues faced by children both in their homes and at school and also agreeing on a way forward. In addition, children's academic performance and their behaviour are discussed. At this point, parent's involvement is very crucial in providing holistic support to the children. All parent meetings were concluded by signing the memorandum of understanding between the parent and KHC on their obligations towards supporting the child during their school period.

HES Program Success Story

*My name is **NABASIRYE GORRET,** I am 17 and I live with my maternal grandmother who was a client and a community volunteer of Kawempe Home Care. My father died in 2003 and my mother got married to another man.*

I stayed with my grandmother (Esther) since I was 7 months old with my four siblings. She took very good care of all of us including her biological children. However, she didn't have enough money to support us. I was lucky and I will never forget when Kawempe Home Care visited us at home and told me that they will sponsor my education. They paid my school fees for secondary education. I sat my national exams (O-level) in 2013 and I passed well. I am also a very active member of Kalimarimbas (dance group) and I love dancing, playing with children and teaching them new things including songs. Whilst in my senior during vacations, I volunteered at Kawempe Home Care in Skills Development and Empowerment department

where I was given the opportunity to learn business skills including marketing; packaging and I sold a lot of mushrooms.

I applied for a certificate course in Early Childhood Development Teacher Education and was admitted at YMCA Kampala branch. I acquired skills, knowledge and values that enabled me to get a new job suiting my qualifications. I was offered a job to work as a nursery teacher and I am now able to take care of myself and my grandmother's needs including her siblings.

Thank you Kawempe Home Care for the good foundation you have given me. God bless you.

2.2.3 TEEN'S CLUB

It comprises of children aged 6-18 years who are living with HIV/AIDS and currently has 117 members. The program aims at supporting children and adolescents through creating a secure environment. In such a situation re-infection among those living with HIV will be prevented because knowledge sharing and ideas about how to overcome it. The club is considered an important structure for spearheading child rights education and other activities such as peer-to-peer education and life skills and development, sexual reproductive health and on-going counselling during clinical days.

Also games such as football are organized for the children during weekends and holidays with other various materials for exercises and plays. They are given psychosocial support to minimize stigma and given hope for the future.

2.2.4 KALIMARIMBA

The Kalimarimba dance group consists of both HIV infected and affected children. There are 72 members who participate in this program, 33 of them have been active this year. Like the name, it brings different voices together to form one single voice. Kalimarimbas has a new participatory theatre piece; "My Agony" that was performed for school and community sensitization in 2015. This is to let their voice be heard on stigma and discrimination aiming at creating positive change and a safe environment for children.

We had four stage presentations during the year; Hope for Children's visit at KHC; at the bi-annual PCAU conference; at the Good Walk and during a visit from Norway headed by Inger a longtime supporter of KHC.

The group had a professional music trainer, a Ugandan Celebrity Ms. Joanita Kawalya who trained them for the PCAU conference performance. We are appealing to our readers, friends of KHC and the community to support them by hiring the dance group.

2.3 INTEGRATION OF LEGAL AND HUMAN RIGHTS INTO PALLIATIVE CARE.

In partnership with Palliative Care Association of Uganda, staff at Kawempe Home Care were trained in the basics of legal and human rights by UGANET. This enlightened staff on how to handle legal and human rights issues affecting patients and their families. During this period 2 staff and 2 community volunteers were trained as paralegals and they identify patients with legal issues and support them during the legal clinic day that takes place twice a month. During the legal clinic day, the lawyers create awareness about human rights, sensitization on topical issues such as; succession planning (commonly known as Will making); Human Rights for PLHIV; domestic violence; property and inheritance rights; and the children. The legal clinic day is run by a lawyer, paralegals and patients.

Follow ups are done during subsequent visits at KHC and also at UGANET offices and if need be at the police office or probation office. So far, 300 patients have been sensitized, 30 individual cases handled and all the staff equipped with the basic legal information.

Community Annual Events

3.0 SKILLS DEVELOPMENT AND EMPOWERMENT DEPARTMENT

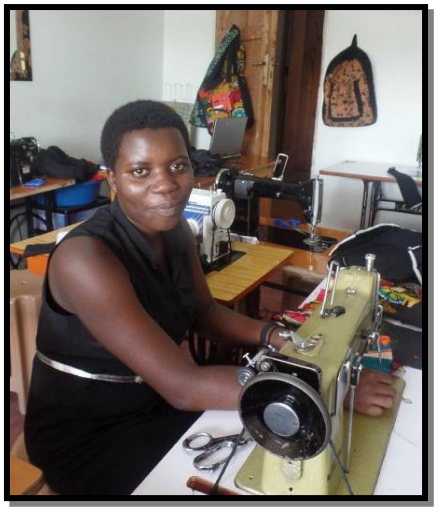
The major role of this department is to generate income for the sustainability of KHC through implementing Income Generating Activities (IGA). The main activities are design, implementation and monitoring of the IGAs, production and sale of quality beads and bags, and training clients in the different income generating activities.

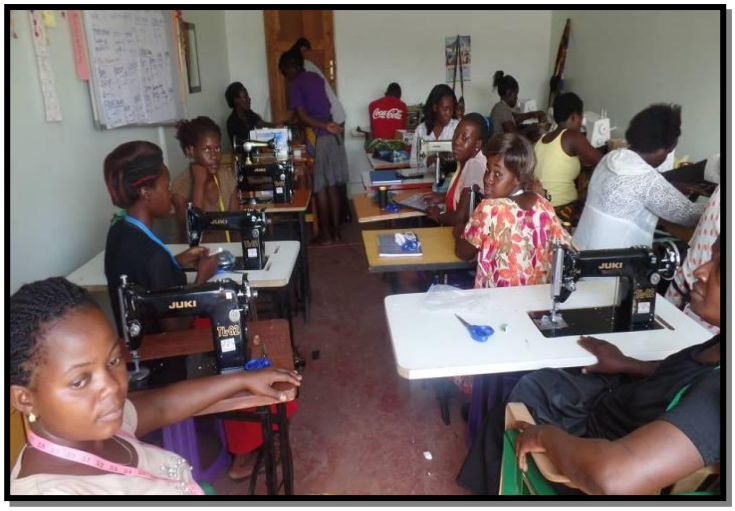
3.1 TAILORING PROJECT

27tailors were trained, in May, December and there is one currently taking place. 8 tailors are active and orders are distributed amongstthem on a weekly basis. The production is supervised by the production manager, verified by the administrator and later given to the store keeper.The sales and marketing coordinator then manages all the products from the store for sale. Our market is mostly with our international partners and friends who buy and sell our products, we have a shop that caters for walk in visitors and most of our products are tailored in kitengi materials.

We also produce customized orders for our customers especially the kiting products.

Young women in tailoring training.





3.2 BEADS FOR EDUCATION

Beads for Education program consists of the production and selling of jewelley and accessories. The aim is to at make a profit and these funds are used to pay school fees for the orphans and vulnerable children. 4 clients are involved in production of quality beads and these are bought from them and then packaged, shipped out of Uganda and others are sold to our customers. We also do market research and conduct training. We recently developed an online shop on our website for our beads and we will soon include more of our tailoring products. We also use social media to keep our customers aware of any new products. Beads are also sold at corporate functions like conferences, update meetings and exhibitions. We plan to integrate the paper beads with other beads especially those that sell locally.

Success Story

Jackline (second right) during training

*My name is **Narbada Jackline,** I am 19 and I live in Kyebando in Kampala. It is unfortunate that I did not grow up with my parents because they died of HIV/AIDs. I have two brothers and two sisters. Thanks be to God that I am not infected with HIV. My aunt took care of me and she was able to educate me from baby class up to primary five. She later handed me over to my elder brother who paid my school fees from primary six up to primary seven. I was not able to join secondary level because my aunt and my brother were not able to pay my school fees. I stayed home for two years until my uncle decided to take me for a three month tailoring course.*

After my course, I got an opportunity to be employed at KHC as a tailor. I was trained in making quality schools bags, laptop bags etc. at KHC. Every two weeks I get paid over ninety thousand Ugandan shillings. With this money, I pay school fees and buy scholastic materials for my young brother; I also take care of my personal needs and make a small savings. I would like to thank Kawempe Home Care, all the people who donated sewing machines for giving me a chance to live a better life.

4.0 ADMINISTRATION & FINANCE DEPARTMENT

Administration department is comprised of resource mobilization, procurement, monitoring and evaluation, finance, human resource and research and development sections. The department is responsible for the smooth running of the organisation.

4.1 RESOURCE MOBILIZATION

We developed partnerships with Airtel Uganda, Bank of Africa Uganda and Barclays Bank Uganda. We worked with Barclays Bank Uganda to raise 30 million shillings for OVC programs through a charity walk called **"The Good Walk"** around Kampala. The walk took place in November 2015, and over three hundred people participated.

Airtel Uganda came to KHC and painted the clinic and also sponsored the children's Christmas party at the clinic. Bank of Africa donated a water purifier to KHC as a Christmas gift for the staff. The Redeemed Christian Church of God which is our neighboring church, also donated food and clothes for both the patients and staff.

KHC launched a land fundraising campaign to raise funds to buy land and build a new home for KHC, this was done online with the help of Global Partners in Care. However, this has not materialised.

Good walk participants, OVCs, KHC staff and Barclays Bank staff.

4.2 VOLUNTEERING AT KAWEMPE HOME CARE

Volunteers are a rich source of skills training and support for Kawempe Home Care. We had 3 volunteers during the period. A counsellor and a data clerk from Uganda and Amber Adami a physiotherapist from USA. Amber trained our community volunteers and clinicians on how to extend physiotherapy services to our clients.

We also had a group of students from UK through Hope for Children who spent two days with us and they were delighted to learn about our holistic approach to care. They assisted in the pharmacy, the medical department, outreach clinic and home care visits.

Kawempe Home Care has started a volunteer's project targeting the retired professionals who have great skills and would like to share free services in our community. The project was initiated in March and we expect this project to generate valuable skilled resources for KHC.

Amber buying beads from our shop

Dr. Mark Elam from USA praying for the sick during a home care visit

Hope for Children medical and social worker volunteers and students at KHC

4.3 DEVELOPMENT PARTNERS AND FRIENDS

We are delighted to receive visitors to our clinic. They come for different reasons such as to see the progress of our work, support and give ideas for improvement. Others come to learn about our palliative care program. Through APCA, several doctors from Thailand came to learn about our palliative care approach and our model of holistic care to our clients.

The Rotary Club of Norway visited us and donated sewing machines to the tailoring project, clothes for children and medical supplies.

Dr. Mark Elam and team from USA donated medicines and clothes for the children

Mr. Mike Wargo and his team from Hospice Foundation USA came to KHC and presented the award we won with Samaritan Healthcare and Hospice for the best partnership in global health care.

Ms. Katherine Pettus Advocacy Officer for the International Controlled Medicines paid a visit to KHC and donated sewing machines to the tailoring project.

In Feburary KHC was very pleased to welcome a group from the US who were introduced to us through the Victory Living Word church in Kampala. Dr. Mark Elam and his team donated medical supplies and children's clothing which were gratefully received.

They also supported clients through purchasing the jewellery they make.

The Palliative Care Association of Uganda Country Director and visitors from the USA visit KHC.

A couple from the Red Charity in Austria visited KHC to develop a partnership with KHC in care and support for children.

Anni one of the founder members of KHC visited again after two years worth her son. She is a wonderful supporter and advocate for KHC. We were delighted to have ladies from the International Women organization who donated 4 Juki commercial sewing machines, bobbins, and needles for the tailoring project.

Mr. Mike Wargo and his team from Center for Hospice USA visit KHC

Lions Club of Norway visit KHC

Ms. Inger Darfolt is displaying medical supplies donated to KHC

Visitors from Swaziland on a palliative care visit

4.4 NETWORK AND PUBLICITY

The PCAU Bi-annual conference which took place in August 2015 in Kampala was very successful for our networking strategy. The conference had a theme: “Palliative care: who cares?” KHC was well represented by the staff that made presentations on different palliative care topics, also we exhibited our work and a lot of beads and bags were sold at the conference.

Every two months KHC publishes news on the activities at KHC through our website. The link is shared on twitter, Facebook, and emailed to friends and partners. The website is updated regularly with stories and reports. The World Cancer Awareness day on 4 February, KHC joined rest of the civil society orgainisations to generate awareness of this disease to the public.

KHC won an award from the Global Partners in Care with Samaritan Healthcare & Hospice New Jersey for the Best Hospice partnership.

KHC is a member of Uganda Cancer Society. Which provides all cancer care centers the opportunity to share values, views and ways of eliminating cancer in Uganda. KHC will benefit by accessing information about cancer and how to fight it also, participating in cancer awareness activities with the rest of the civil society orgainisations, which will keep our network strong.

KHC opened a twitter account to reach a bigger audience with our work.

4.5 MONITORING AND EVALUATION

Continuous Monitoring and Reporting. Activities in planning and monitoring of projects and programs includes development of annual work plans for every section or department,use of monthly scorecards as well as other monitoring and reporting tools. Quarterly and annual reportswere compiled and submitted to stakeholders.

In additional to project monitoring, all clients' records and data was well managed. The monitoring and evaluation section did data migration to new versions of pre-ART and ART registers for all clients. This activity was done in order to be in line with the newly introduced 2014 ART guidelines as required by the Ministry of Health.

The new registers contain added indicators which makes the follow up and recoding of clients details more easy.

Continuous Quality Improvement (CQI): Continuous Quality Improvement ensures that clients get quality services. A multidisciplinary CQI team was formed to identify weak areas and get solutions through techniques like flow charting, brain storming, cause-effect diagram, driver diagram among others. The solutions are then implemented and monitored for efficiency and effectiveness by the M&E team. CQI projects that took place during the year include pre-ART audit to find out whether all the pre-ART clients were not yet eligible for ART. Findings showed 10.8% of pre-ART patients didn't have CD4 on file and the ART initiation process was long. These issues were addressed as a CD4 machine was acquired and the ART initiation SOP (standard operating procedure) was revised. Additional CQI projects include; adherence documentation, client waiting time, pinning of SOPS on the walls among others.

4.6 HUMAN RESOURCES AND CAPACITY BUILDING

During this period, we recruited new staff; a Data Officer, a Dispensing Assistant and a Research and Development manager. The research position was created to support our resource mobilisation effort especially with proposal writing, and operational research. We maintained a very high staff retention rate of 99%. This is attributed to our culture and the working environment. We held one team building activity and staff was taken to sports beach Entebbe for a full day of activities to promote team work.
We also had end of year performance appraisals and Ms. Tusiimemuka Alicistidia was nominated as the best employee of the year, followed by Ms. Miria Khainz and Aidah Nanozi respectively.

Staff promotions and transfers. Clair Namugwa was transferred from the M&E section to the finance section as a cashier, while Ms. Birungi Julie moved from the Community department to Monitoring and Evaluations as data clerk and in charge of the Roses club. Allen Achola was recruited as an assistant dispenser. Ms. Henrietta Kairungi left after several years with us and we wish her well in her new career.
Ms. Agnes Espiegel joined us as a Technical advisor from Horizont3000. She is in charge of building capacity for the M&E department and resource mobilization. We welcome all the new staff.

Transfer out: Ms. Henrieta Kebirungi

New : Agnes Espiegel. Technical adviser M&E

Ms. Tusiimemukama Alicistidia. Employee of the year 2015/16.

Promoted: Ms. Birungi Julie, Data Clerk / Roses club In-charge

Promoted: Ms. Clair Namulwa (Cashier)

New : Ms. Allen Achola Assitant Dispenser

New: Ms. Maureen B. Asiimwe, Research & Development Manager

New: Mr. Byans Jeremiah Data Officer

Just married: Mr. Agaba Gerald (data officer) married Ms. Joanita at Christ the King Church.

The ceremony was graced by all KHC staff.

Staff dancing competition during team building day.

Staff Capacity Building

In this reporting period we have strengthen our capacity training for our team in Monitoring & Evaluation and resource mobilization, courtesy of Horizont3000. The broad objective of capacity building in the medical department is to equip staff with current scientific knowledge and skills so that they maintain their work in accordance with national and international standards.

Continuous Medical Education (CME) was carried out at the health facility premises every Tuesday from 8:30am to 10:00am. During the sessions, staff shared knowledge. 11 internal CME's were held on: bereavement and end of life care; viral load monitoring; introduction to sickle cell disease; gender-based violence; pediatric TB management; succession planning; adolescent HIV care and treatment; quality improvement in TB care, malnutrition, haemoglobin testing and cancer cervix screening; post exposure prophylaxis; and Sexual Transmitted Infections. The management team was also trained in finance management, proposal writing, and NLP that was facilitated by Hope for Children.

Above Left : Training in Neurological Linguistic program (NLP) facilitated by Hope for Children UK. Right: Participants in the workshop about 'How to write a proposal to European Union'. The course was funded by Horizont3000

Table 7: External trainings attended by KHC staff 2015/16

Training Group	No. of staff trained	Training conducted
TRACK TB/ MSH	2	Continuous quality improvement in T.B care
IDI	1	HMIS revised tools and data management
IDI	2	Integration of family planning in HIV care
IDI	4	Most at risk persons(MARPS)
IDI	2	Adolescent HIV care
Union Uganda	3	Detect child T.B
Hospice Africa Uganda	2	Paralegal issues

Hospice Africa Uganda	2	Palliative care for allied professionals
IDI	1	Long term family planning and cancer cervix screening
TRACK TB/ MSH	2	TB management and care
TRACK TB/MSH	2	Izoniazid prophylaxis
IDI	2	Comprehensive HIV management
Bead for life	2	Business management training
IDI	1	Gender based violence
IDI	1	Twinning
IDI	1	Biosafety and biosecurity
TRACK TB	2	AFB microscopy training for lab personnel
MOH	2	Sickle Cell Disease/ DBS training
IDI	1	Lab quality improvement systems training
IDI	1	Logistics management
IDI	2	Adolescent HIV care, treatment and support
Blue ocean LTD	1	Finance Management for non-financial managers. & QuickBooks hands on training
Medical Access	1	Logistic chain management

Kawempe Home Care Staff and Volunteers 2015/16

Name	Designation	Section	Department
Medical Department			
Manuka Ursula	Clinician	Clinic	Medical Dept.
Bugingo Alex	Clinician	Clinic	Medical Dept.
Niwagaba Benedict	Palliative care specialist	Clinic	Medical Dept.
Mulumba Dorcus	Clinical officer	Clinic	Medical Dept
Nanozi Aidah	Clinician	Clinic	Medical Dept
Twinamasiko Arthur	Dispenser	Dispensary	Medical Dept
Achola Hellen	Assistant Dispenser	Dispensary	Medical Dept
Mutesi Hellen	Counsellor	Counseling	Medical Dept
Namaganda Barbara	Counsellor	Counselling	Medical Dept
Rutakuburwa Jaston	Counselling Coordinator	Counselling	Medical Dept
Kayizi Shafiq	Laboratory officer	Laboratory	Medical Dept
John Amanyire	Laboratory Manager	Laboratory	Medical Dept.
Komugisha Sarah	Manager Medical Services		Medical Dept.
Administration			
Nabisibo Mary	Store Keeper	Stores	Administration & Finance
Orishaba Patience	Procurement officer	Procurement	Administration & Finance
Namulwa Claire	Cashier	Finance	Administration & Finance
Tumwine Elias	Accountant	Finance	Administration & Finance
Nafuna Patricia	Finance Manager	Finance	Administration & Finance
Turinawe Joseph	Head of security	Support staff	Administration & Finance
Owoliganyira Robert	Watchman	Support staff	Administration & Finance
Baguma Godfrey	Driver	Support staff	Administration & Finance
Mukasa Constante	Cleaner	Support staff	Administration & Finance
Namutebbi Victoria	Cleaner	Support staff	Administration & Finance
Namuddu Joyce (RIP)	Cook	Support staff	Administration & Finance
Kirabo Eunice	Resource Mobilization Coordinator	Administration	Administration & Finance
Agnes Espiegel	Technical Advisor	Administration	Administration & Finance
Guma Samuel	Executive Director	Administration	Administration & Finance
Gerever Niwagaba	Program Manager	Administration	Administration & Finance
Birungi Juliet	Data Clerk	Monitoring & Evaluation	Administration & Finance
Agaba Gerald	Data officer	Monitoring & Evaluation	Administration & Finance
Khainza Miria	M&E coordinator	Monitoring & Evaluation	Administration & Finance
Byansi Jeremiah	Data officer	Monitoring & Evaluation	Administration & Finance
Kibuuka Hadija	Clinic Receptionist		Administration & Finance
Buhiire Asiimwe	Research & Development	Monitoring & Evaluation	Administration & Finance

Maureen	Manager		
Skills, Development & Empowerment			
Naluwoga Christine	Marketing officer	Marketing	SDE Department
Namirimu Oliver	Manager	Production	SDE Department
Musimenta Ruth	Marketing Coordinator	Marketing	SDE Department
Community Network of Care			
Nakyazze Joyce Wasaka	Community supervisor	Community network of Care (CNC)	Community &Social Support (C&SS)
Maria Asumpta	Community Volunteer	CNC	C &S S Department
Namulindwa Zainah	Community Volunteer	CNC	C &S S Department
Kagoro Ben	Community supervisor	CNC	C &S S Department
Namboze Jalia	Community Volunteer	CNC	C &S S Department
Ssekasi Allen	Community Volunteer	CNC	C &S S Department
Lukwaya Mukwaya	Community Volunteer	CNC	C &S S Department
Ntabadde Rebecca	Community Volunteer	CNC	C &S S Department
Nakivumbi Teddy	Community Volunteer	CNC	C &S S Department
Namazzi Sarah	Community Volunteer	CNC	C &S S Department
Nabatanzi Zahara	OVC Coordinator	OVC	C &S S Department
Tusimemukama Alicitidia	Community & Social Support Manager		C &S S Department

Logistics &Stores

Our stock taking of all medical supplies and all medicines were procured as planned . Our partners CDC through IDI and Medical Access offered free training to the staff and also procured new shelves for the medicines and a refrigerator. The Ministry of Health provided a CD4 count machine and a deep freezer for the cold chain medical supplies. All these have improved service delivery to the patients.

Right to left: **New medicine shelves from Medical Access Uganda, new sterilizer and Pima donated by Ministry of Health**.

5.0 FINANCE REPORT

This year has been an interesting one with the climax being the end of year activities that have helped in boosting our finances, like the Good Walk organised by Barclays Bank and the Airtel Company who also donated towards our children's program and painting the clinic. We are grateful for the in-kind donations of food and clothes from the redeemed Christian Church of God and the Italian cooperation. These and other donors have played a big role in providing financial support towards Kawempe Home Care Holistic care program. Below is the breakdown of Total income received and expenditure.

Table 10: Total income

Category	Amount (UGX)	US Dollars($)	Percentage
Grants and donations	**649,910,385**	188,380	79%
Income Generating activities	65,598,300	19,014	8%
Donations in-kind	109,278,378	31,675	13%
Total	824,787,063	239,069	100%
Expenditure			
Administrative Costs	330,597,637	95,825	41%
Operational Costs	457,870,586	132,716	57%
Capital Costs	19,200,900	5,565	2%
Total	**807,669,123**	**234,107**	**100%**

Table: Shows the Financial Report for income received and expenditure for the year 2015

5.1 TOTAL INCOME

Kawempe Home Care received a total income of **UGX 824,787,063** (Eight hundred twenty four million, seven hundred eighty seven thousand sixty three shillings only). This was from grants and donations both in kind and cash, income generating activities which include beads project, Tailoring and piggery projects, contribution from clients and internship fee from students.

5.2 TOTAL EXPENDITURE

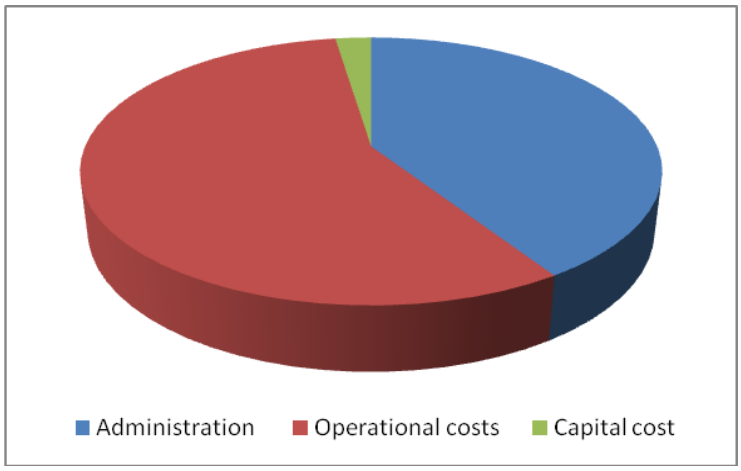
Expenditure for the year 2015 came to **UGX 807,669,123.** (Eight hundred seven million, Six hundred sixty Nine thousand, and one hundred twenty three only). The funds were used to finance administrative costs, operating costs and capital costs.

5.2.1 Administrative costs: This expenditure includes electricity and water bills, stationary, Airtime and office phone, food for staff, transportation costs and salaries of Administration staff. This came to a total of **UGX 330,597,637** (Three hundred thirty million, five hundred ninety seven thousand six hundred thirty seven shillings only).

5.2.2 Operational costs: Under this category, we spent funds on patient care that is purchasing of medicine for opportunistic infections, stipend for volunteers and medical staff salaries, clinical investigation (like x-rays and Abdominal scans), Home Based Support, transport for home visits , School Fees for orphans and purchase of Laboratory supplies among many others. We spent a total of **UGX 457,870,586** (Four hundred fifty seven million, Eight hundred seventy thousand five hundred eighty six only).

5.2.3 Capital costs. These were costs incurred in procuring long term assets of the organization and repairs.

Graph shows percentage Expenditure per Category



5.3 IN KIND DONATIONS

We are indebted to all those who donated to us in-kind. The continued support from IDI, Ministry of Health, and all our friends both national and international we are so grateful. We appreciate the in-kind donations which included medicine for opportunistic infection from IDI, ARVs and TB medication from Ministry of Health, drinking water from HEMA and TB TRACK and all that donated sewing machines to Kawempe Home Care.

CHALLENGES.

The main challenge for KHC is the clinic space to care for the growing number of patients. Their privacy during clinic consultation is compromised. However KHC is trying to solve this problem using its resource mobilization team to fundraise for the land but this is not enough, we call up on to those people with good heart and well wishers to help out in donating so that we acquire some land.

In conclusion, putting aside the challenges we still have we are grateful for our donors that have contributed both fanatically and in-kind because it what we received that has changed the lives of our patients and to our staff we appliciate the efforts you put in to treat and care for the sick.

Senior Management Team

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Mr. Gerever Niwagaba
Program Manager

Ms. Sarah Komugisha
Manager Medical Services

Patricia Nafuna
Finance & Administration. Manager

Ms. Namirimu Oliver
Skills Development & Empowerment Manager

Ms. ALicistidia Tusimemukama
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Ms. Khainza Miria
Monitoring &Evaluation Coordinator

ACKNOWLEDGEMENTS

Thank You
GLOBAL PARTNERS IN CARE

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Samaritan
Healthcare & Hospice

hope
FOR CHILDREN