



KAWEMPE HOME CARE

ANNUAL REPORT

2016 - 2017

CONTENTS

Abbreviations.....	2
VISION.....	3
MISSION	3
OBJECTIVES	3
Core values	3
EXECUTIVE SUMMARY	4
1.0 INTRODUCTION.....	5
2.0 HIV COUNSELING AND TESTING.....	5
2.1 HCT for MARPS	6
2.2 MARPS in care	6
3.0 ART TREATMENT	7
3.1 TB/ART CARE	7
4.0 PALLIATIVE CARE FOR CANCER PATIENTS	8
5.0 PEDIATRIC ADOLESCENT CARE	9
5.1 NUTRITION ASSESSMENT	9
6.0 EMTCT.....	10
6.1 EARLY INFANT DIAGNOSIS	10
6.2 FAMILY PLANNING	11
7.0 CERVICAL CANCER SCREENING	12
8.0 LABORATORY SERVICES	12
8.1 VIRAL LOAD MONITORING	13
Achievements and Challenges	14
Challenges.....	15
9.0 Administration & Finance	15
9.1 Human Resources	16
9.2 Finance Report	18

ABBREVIATIONS

AIDS	Acquired Immune-deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CB-DOTS	Community Based Directly Observed Therapy
CME	Continuous Medical Education
CSW	Commercial Sex Workers
DHIS2	District Health Information System 2
DNA	Deoxyribose Nucleic Acid
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother-To-Child Transmission
HAART	Highly Active Anti-Retroviral Therapy
HCT	HIV Counseling and testing
HES	Home Care Education Support
HIV	Human Immunodeficiency Virus
IDI	Infectious Diseases Institute
KHC	Kawempe Home Care
MAM	Moderate Acute Malnutrition
MARPS	Most at Risk Populations
MOH	Ministry of Health
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction
PLHA	People Living with HIV/AIDS
SAM	Severe Acute Malnutrition
TB	Tuberculosis

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 through livelihood 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.

EXECUTIVE SUMMARY

Kawempe Home Care (KHC) would like to thank you for your love and support throughout the year. Together we have made a difference to many people's lives as our success is measured on the wellbeing of our clients and the care we can provide them to give them a new start in life or, ease their suffering through our palliative care support.

I would like to acknowledge the tremendous support that our Board has given us throughout the year and a big thanks to the staff and volunteers for their hard work and dedication to our clients.

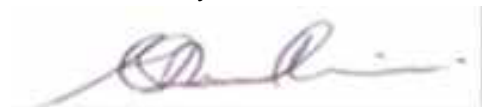
Special thanks go to the Centre of Diseases Control (PEPFAR) and Infectious Diseases Institute (IDI), Kindern Eine Chance, Hope for Children International, Samaritan Healthcare and Hospice, Culture without Borders, True Colors Trust, African Palliative Care Association, HorizonT3000 and the Ministry of Health Uganda for all the financial support provided to KHC this year.

It has been a wonderful year and we have achieved a number of significant milestones:

- A new partnership with *Kindern Eine Chance* led to the birth of the New Hope Children's hostel which provides accommodation, meals, counseling services, psychotherapy, daily transport to the hospital, play and music therapy for children with cancer and their families.
- KHC was assessed by a team from CDC and we were found to be an excellent site in the provision of comprehensive HIV/AIDS care.
- Hope for Children International continued to support the home-based care service at the Kasangati outreach clinic and provided support for training midwives in public health facilities in Elimination of Mother to Child Transmission of HIV.
- KHC produced 500 good quality conference bags for the African Palliative Care Association International Conference (APCA).
- The Moores Town Rotary Club in New Jersey has provided 10 more sewing machines and accessories to strengthen our tailoring workshop.

Let us also remember and pray for the millions of people in the world that are displaced and had to flee their home because of war, poverty, political unrest or natural disaster and hope that in 2017-2018 there will be more Peace, Hope and Joy in the world.

Yours sincerely



Dr. Sam Guma
Executive Director

1.0 INTRODUCTION

This annual report brings you a rich spectrum of HIV/AIDS comprehensive care KHC has provided in the last 12 months, ranging from HTC services for most at risk populations, chronic care for vulnerable children, EMTCT and experiences of people on the ground working with sex workers and patients.

The report also draws your attention to strategies used to improve coverage and quality of services. The targeted HTS for key populations that continued to shape our agenda and crag screening for patients with CD4 less than 100 that started this year. There were many achievements like good performance in CDC SIMS assessment, TB assessment among others. The report ends with a few challenges that affected patient care during project implementation.

We are glad to report that we meet the targets and project contractual obligations set out in the agreement between KHC and IDI. This report brings to you the annual technical and financial summary of what transpired in 2016/2017 according to the set project objectives.



2.0 HIV COUNSELING AND TESTING

During the year, 2613 people were tested for HIV; 346 (13%) of these turned HIV positive and 275 were enrolled in care. 1009 of the people who were tested were key populations in the hotspots of Kawempe Division.

A CSW being tested for HIV

Table 1: Shows number of people who tested during the year

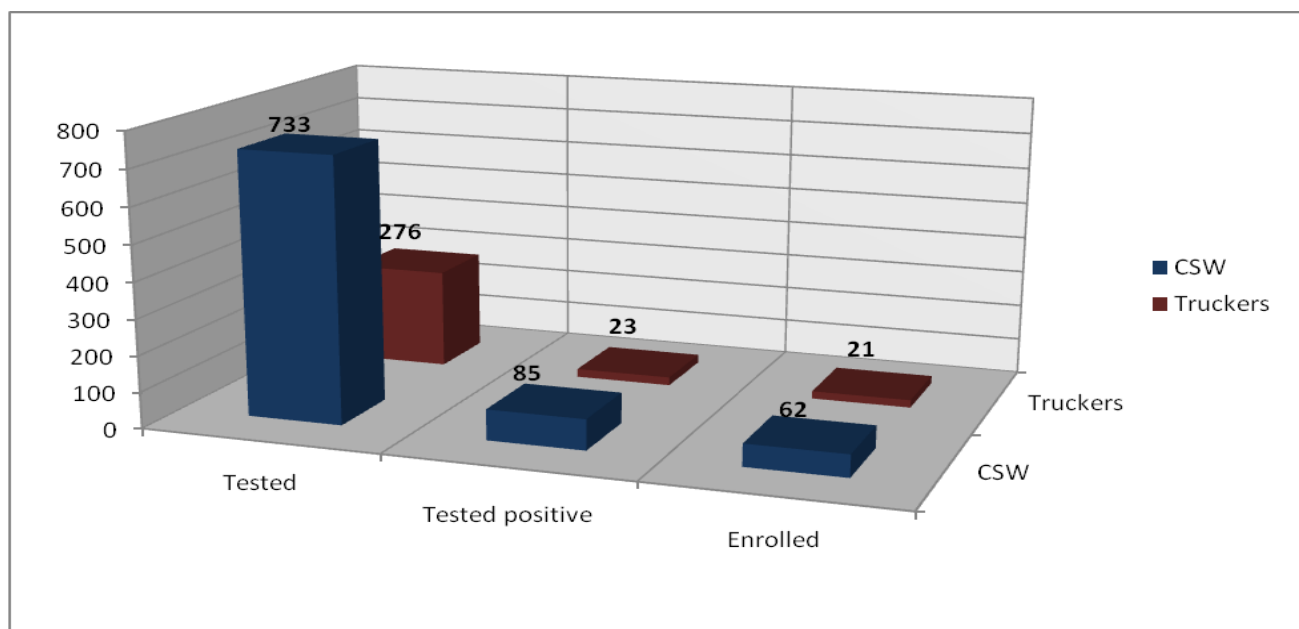
	April-June 2016	July-Sept 2016	Oct-Dec 2016	Jan-March 2017	Total
Tested	493	646	522	952	2613
Positive	93	99	72	82	346
Enrolled	76(%)	85 (%)	49 (%)	65 (%)	275 (%)

2.1 HCT FOR MARPS

During the year, female sex workers (FSW) and truck drivers were tested for HIV in the hotspots of Kidansolo, Kiwala, Kisowela, Kimansulo, Kamalimali, Kimana, Katogo, Kweyiya and Kawempe corner zone etc. The HIV positive clients were enrolled in care immediately.

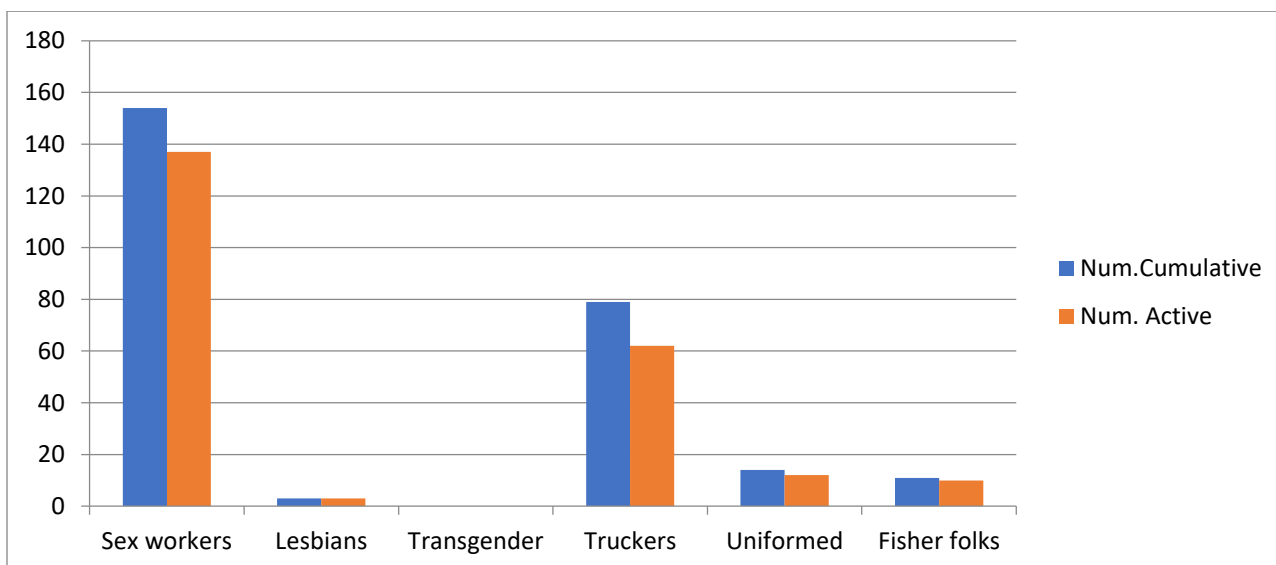
A total of 1009 key populations were tested during the year; 108 (10.7%) turned HIV positive and 83 (76.8%) were enrolled in care.

Graph showing the key populations tested during the year.



2.2 MARPS IN CARE

Graph showing MARPS in care



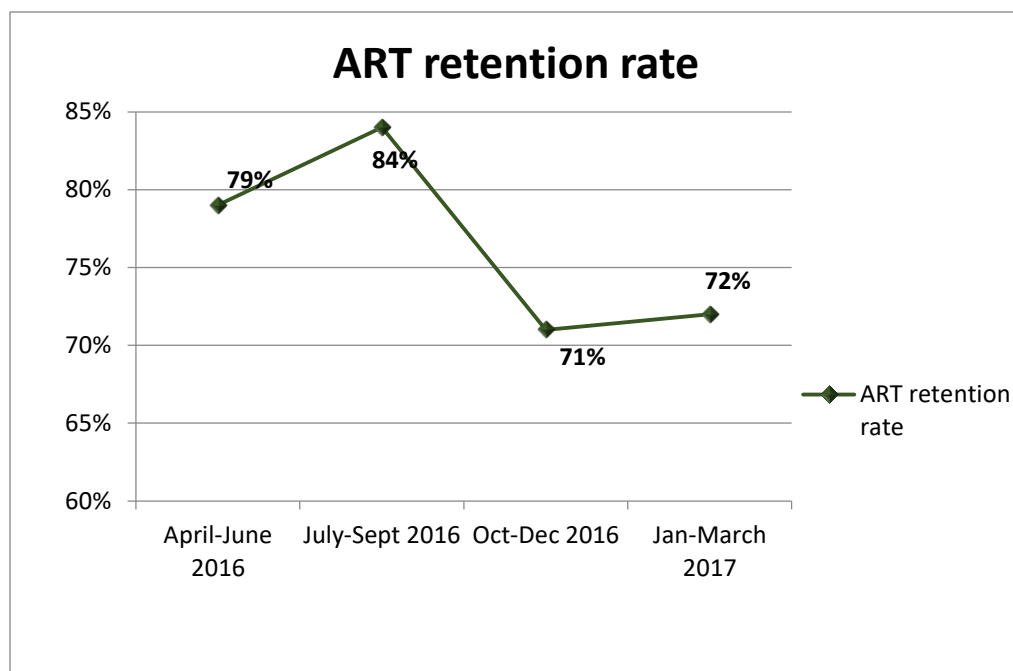
3.0 ART TREATMENT

By the end of the year, 2007 clients were active in care; 1,837 (91.5%) of these actively receiving ART. Of those on ART, 112 were children less than 15 years of age, 75 were HIV positive partners in discordant relationships and 225 were MARPs.

The patients' appointment dates are documented in the appointment register to easily track those that miss appointments. Patients who missed their appointments or got lost were followed up by phone calls and through community volunteers.

Throughout the year, the ART retention rate was averagely good (76.5%).

Graph showing retention rate during the year 2016-2017



3.1 TB/ART CARE

A total of 2007 HIV positive clients were screened for TB at the clinic and during home visits; 277 clients were presumed to have TB and 54 of them were confirmed with active TB by the aid of TB diagnostic algorithm. Thirty three of these are HIV positive giving a positivity rate of 61%. By the end of the year, 26 clients were active on TB treatment.

During the April 2015-March 2016 cohort, 48 clients were initiated on TB treatment; 38 of these were bacteriologically confirmed. A total



A Clinician attending to TB patients in the tent at Kawempe Home care.

of 22 clients who were bacteriologically confirmed cured giving a cure rate of 58%. Ten clients completed treatment attributing to a treatment success rate of 67%.

4.0 PALLIATIVE CARE FOR CANCER PATIENTS

This year we started caring for children with cancer in our New Hope children's hostel. We care for children below 18 years. This is done in collaboration with the Uganda cancer institute. KHC provides accommodation, food, emergence nursing care psychotherapy and palliative care. HIV Adolescents living with cancer benefit from this service.

The hostel housed 81 children, 34 came more than once; these have been admitted in UCI or discharged at home and had to come back later.

The average duration of stay in the Hostel was 17.8 days during the reporting period.

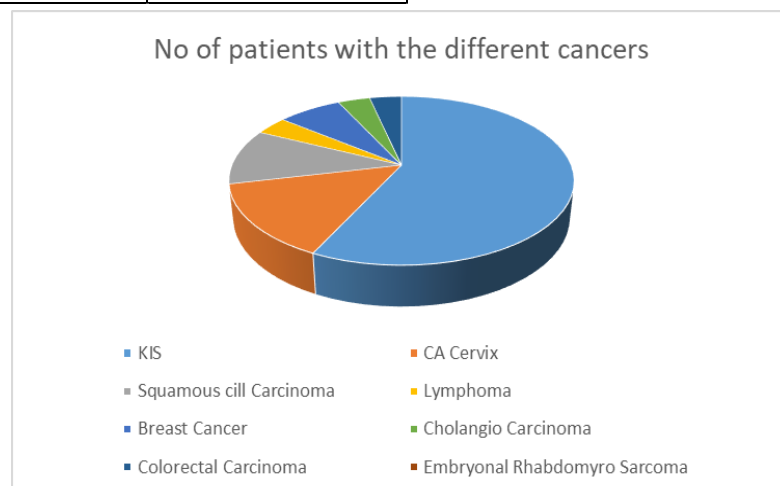
The Hostel provides 35 beds, 33 metallic and two wooden beds for children. The total average number of patients for the last 6 month was 28 patients.



The minivan received from MIVA Austria with support from HORIZONT3000

KHC has got more cancer patients at the HIV Clinic and most of them have HIV related cancer that we also give palliative care support. Currently we have got 29 patients in care but with different cancers. Below is a table and pie chart showing number of patients and the different cancer.

No of patients with the different cancers	
Type of cancer	No of patients
KIS	16
CA Cervix	4
Squamous cill Carcinoma	3
Lymphoma	1
Breast Cancer	2
Cholangio Carcinoma	1
Colorectal Carcinoma	1
Embryonal Rhabdomyro Sarcoma	



5.0 PEDIATRIC ADOLESCENT CARE

The adolescent clinic runs every Friday and it attracts children who come to seek HTC, medical care and have fun. We had a daycare center for HIV positive children every week. 158 children/adolescents (0-19 years) were active in care. We also carried out quarterly meetings to address issues of adherence, stigma, sexual reproductive health and positive living among others. The children also had indoor and outdoor games during the meeting days. You will read a success story of Nusifa, one of the children our community volunteer identified from the community and linked into care. Her story is a summary of what our Pediatric and OVC care program strives to achieve.



Success: The story of Ms. Nabaka Nusifa

*My name is **Nabaka Nusifa**, 18 years, I was born with HIV. My father separated with my mother many years ago. I grew up with a single mother who is a peasant. When I reached P.3, my mother could not afford to pay my school fees. I stayed at home for some time.*

I was lucky when Mrs. Nakyazze Joyce, visited my mother, she asked why I was not going to school. Mother told her that she could manage taking me to school any more. So Joyce picked me and took me to Kawempe Home Care where I was tested for HIV, enrolled for care and treatment and later offered a scholarship to resume my primary three educations in 2008 and in 2013 I completed my primary seven.

With guidance of my counselor Alice, I decided to do technical education.

In 2014, I enrolled at Gayaza Technical Skills & development Centre where I studied Tailoring and fashion designing. After three years of training I graduated with a certificate in Tailoring and Fashion.

I am very happy because I have practical skills I need to survive in this world and I will use what I am getting from my job to start my own business in tailoring and fashion design. Many people discouraged me due to my sickness but I stayed focused on my dream. My wish is to upgrade and become a professional designer. I would like thank Kawempe Home Care for all the care and support they have rendered me. I don't know where I would be without their support.

I am currently working in the Tailoring workshop at Kawempe Home Care where we make bags and school uniforms. I can make around 300,000 Uganda shilling every month and I hope to make more as I gain experience. May God bless you.

5.1 NUTRITION ASSESSMENT

100% of the clients were assessed for nutrition status. Throughout the year, 109 clients were diagnosed with malnutrition; 20(18%) of these had Severe Acute Malnutrition (SAM) and 89 had Moderate Acute Malnutrition (MAM).

Clients with severe acute malnutrition were referred to other centers for nutrition rehabilitation. Those with MAM were counseled on nutrition and 13 of them were given food support.



12 food preparation demonstration meetings were carried out during the year. The meetings targeted EMTCT mothers and general clients.

6.0 ELIMINATION FROM MOTHER TO CHILD TRANSMISSION.

KHC had 92 mothers newly enrolled on EMTCT program. 100% of these mothers are on ART. A total of 158 mothers were active on EMTCT by the end of the year.

In collaboration with Hope for Children, KHC staff trained 12 midwives working in private health facilities and private clinics, where some of our clients deliver from. The participants learned how to identify, safely deliver and refer HIV positive pregnant and lactating mothers for ART. They were happy to acquire this knowledge and skills, this contributed greatly to EMTCT outcomes.

In addition, 50 pregnant mothers received mama kits during the year to ensure safe delivery.

6.1 EARLY INFANT DIAGNOSIS



81 infants at the age of 6 weeks received an HIV test by DNA PCR and two infants turned HIV positive. The mother to one of the HIV positive children was on EMTCT program but delivered from a private clinic that didn't practice safe delivery principles. This baby was initiated on ART and is doing well. Another was an adopted 6 weeks infant identified in community and referred to KHC for DNA-PCR test which came out positive. Unfortunately, this infant got lost before receiving results.

55 children by the age of 18 months were tested for HIV by HIV rapid test and received negative results and later discharged from EMTCT program.

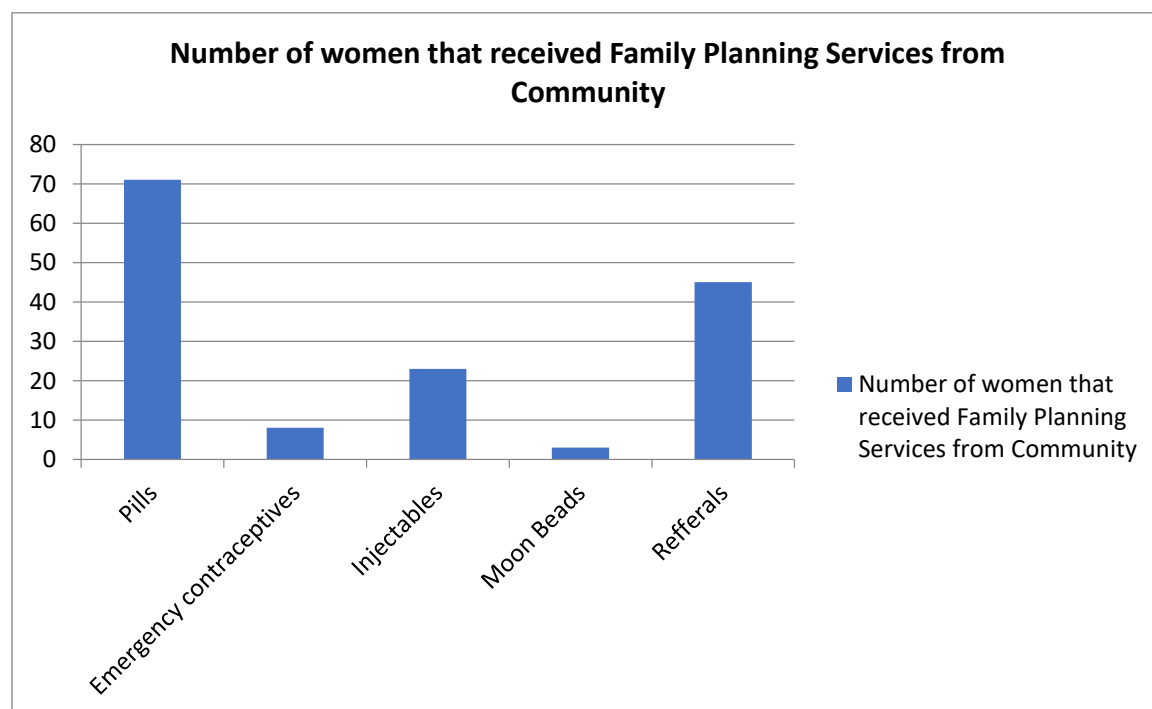
A health worker measuring the head circumference for an exposed infant

SUMMARY OF EMTCT PROGRAM

Indicators	Total
Total EMTCT clients	158
New clients - Pregnant	92
Deliveries	48
Babies received NVP Syrup	45
Babies received 1 st PCR	81
Babies received positive results	02
Rapid test at 18months	55
Rapid test with positive results	00

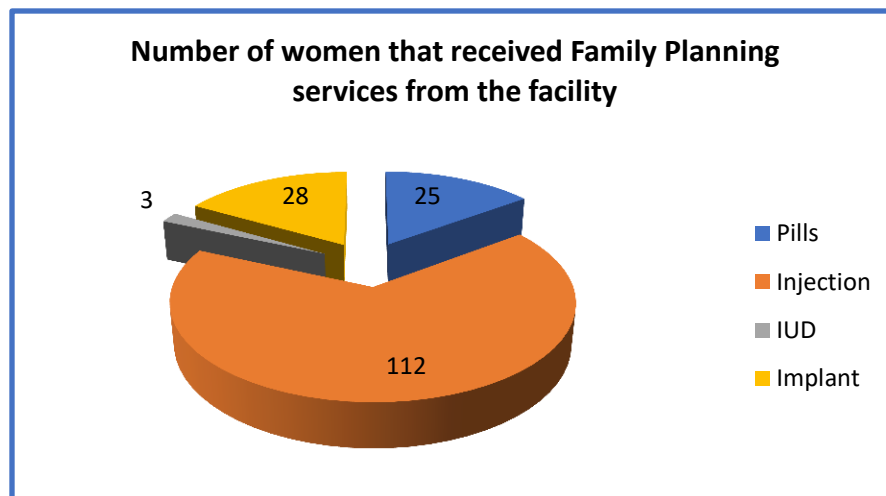
6.2 FAMILY PLANNING

In the fourth quarter, KHC in collaboration with Sustain Health Partnerships (UK) strengthened the family planning services by training all community volunteers and clinicians in family planning. Currently all clinicians are able to provide long term family planning methods. The community volunteers now sensitize clients in the community about family planning and provide short term methods. This has increased the family planning usage.



A total of 107 women received services from the community; 71 received pills, 23 received injectable, 8 received emergency pills and 3 received moon beads. Fifty three women received female condoms and 512 men received male condoms. 45 women were referred to KHC clinic by the community volunteers for methods and management of complicated cases while at the facility a

total of 168 clients received family planning services; 25 received pills, 28 received implants, 3 received IUD and 112 received injectable. Eight women had their implants removed.



7.0 CERVICAL CANCER SCREENING

Cervical cancer screening is open for all our HIV positive clients on the program and clients from the community regardless of their HIV status. It is done for females 18 -45 years once a year for HIV positive women and every three years for HIV negative women. 281 women were screened. 3 who had suspicious lesions were referred to Mulago National Referral Hospital for further investigation and management.

8.0 LABORATORY SERVICES

Name of tests	No. of tests
Serum crag	24
Hepatitis B	42
DNA PCR(Dried Blood Spots)	55
Gene Xpert	55
Malaria (Smears microscopy)	270
TPHA (OPD & others)	258

ZN smear Microscopy	360
Urine pregnancy test	461
Urine microscopy(OPD & others)	351
Malaria RDTs	914
CD4 counts	2732
HIV rapid tests	2763
SCD	33
RBS	30
HB	186
Glucose	20
VDRL	282
Brucella	26
Others	200
TOTAL TESTS DONE	9007

8.1 VIRAL LOAD MONITORING

Viral load is the preferred tool for

monitoring the HIV patients' health. Baseline viral load was done for patients who had spent at least six months on ART and repeat viral load was done annually for suppressed adults and after every six months for children.

The overall viral suppression rate is 86%. The suppression rate in children and adolescents is low and is being addressed through education meetings with parents and one-on-one counseling.

Table showing Viral Suppression among different categories of patients

Category	Number with most recent viral load	Number suppressed	Number non-suppressed	Suppression Rate
Pediatrics (0-10 yrs.)	92	64	28	70%
Adolescents 10-19 yrs.)	83	55	28	66%
Adults (19 and above)	1321	1173	148	89%
EMTCT	101	88	7	87%
KP	154	122	32	79%
Overall	1751	1502	243	86%

Reagan's Success Story

My name is Muyanja Reagan; I am 18 years old boy. I was born with HIV/AIDS. My parents died when I was 7 years old. Since then I stay with my maternal aunt at Kanyanya, Kampala. I used to fall sick and was brought to KHC for a blood test and results turned HIV positive. I was then enrolled on the Kawempe Home care medical program. My aunt couldn't afford providing me with school fees and social needs yet I had a lot of interest in studying. I was put on school fees waiting list. Meanwhile, I joined Teens club (children's club that helps HIV positive children to restore hope in them) which helped me gain self-esteem. As time passed, I was enrolled on Education Support and I started my studies without worry of school fees.



"Reagan has been an active, intelligent and promising boy. His Performance in class has been good throughout his education and he scored highly in the Primary Leaving exams. Currently Reagan has sat for his S.4 national exams (2016) and we hope for the best for him."

Zahara, OVC Coordinator



As I was waiting for results from the National Examination Board, I started up a small business of selling craft shoes in the market to earn a living and support myself. I am also attending training in tailoring in Kawempe Home Care. After the training, I will make different designs of clothes to earn money to support my family members.

My humble thanks go to Kawempe Home Care for the great work they have done for me throughout my life by supporting my education and for the medical care. Thank you so much.

ACHIEVEMENTS AND CHALLENGES

Achievements

- KHC was assessed by a team from CDC, using the SIMS tool. We got 90% percent and this motivated the staff to continue proving quality care as recommended by MOH
- During the TB quarterly review meetings in July, KHC was awarded the best facility in TB case finding in Kampala by TB Track. We achieved this award because the number of newly diagnosed TB patients increased as compared to other quarters and all of the patients were started on treatment.
- KHC was given a Gold award for good stock management systems from medical access in March 2017.

Some of the awards received during the year



CHALLENGES

- Lack of therapeutic feeds for malnourished clients complicated our care.
- The long and unclear turnaround time for returning gene expert results from the testing centers delays initiation of patients on TB treatment and affects follow up. We need our own gene expert machine.
- Lack of enough resources to facilitate immunization for children in the community. We need funds to facilitate the health care team during community based immunization outreach so as increase coverage.
- Stock out of key laboratory consumables like syphilis kits, pregnancy test kits and sputum mugs

9.0 ADMINISTRATION & FINANCE



System Strengthening & Capacity Building

KHC staff benefitted greatly from the health system strengthening support & supervision run by IDI team. We had on job training and mentorship. These trainings did not only motivate staff but also puts a thrust of its efforts in improving the capacity of clinical and counseling teams to provide high quality comprehensive HIV/AIDS services. It is because of this support that KHC was

recommended by the CDC assessment team as an excellent site a model for HIV care in Kampala.

KHC Systems assessment by CDC team using SIMS tool

Sixteen **(16)** sessions of continuous medical education were carried out during the reporting period. The staff of Kawempe Home Care staff gave feedback on important information to their colleagues.

Topics covered were Child Safeguarding and Child Protection, Gender Based Violence, Nutrition Assessment and Viral Load Monitoring. We carried out case conferences every Friday of the week where all complicated patient cases were discussed and addressed squarely as a team.

The KHC staff participated in **11** external trainings, facilitated by IDI. Topics were on Clinical Mentorship and Viral load Monitoring. Monitoring and evaluation team members were trained in using health management information systems of MOH. We are extremely grateful for this support

Through our partnership with SOURCE program of the American Cancer Society, the management & leadership team had an opportunity to take part in trainings aimed at improving leadership, governance, and financial management and sustainability skills. All the above will help us to be a better organization going forward.

9.1 HUMAN RESOURCES

During the reporting period we maintained an excellent team of 22 full staff members supported by CDC/KCCA project.

The challenge we have is limited resources to increase and remunerate staff better. Thus the experienced trained staffs are poached by other organization. This leaves us with no option but to do continuous training and capacity training.

Secondly our human resources were not enough to meet all the service needs of patients. This challenge was address by recruiting locum staff and volunteers to bridge the gaps in the clinic and counseling section especially during HTC outreaches to the MARPS.

Lastly poor office environment for M&E officers, counselors and medical staff in terms of inadequate office furniture and computers with unreliable internet. Provision of these will greatly reduce stress brought by the poor office environment and improve timely delivery of the project in the area of data collection, storage and reporting.

We had a team building outing were we socialized as the project staff and volunteers. During this session work plans were discussed and experience was shared across the different project implementation units. Below are the pictures of KHC staff during teambuilding activities at Buloba forest gardens.



Table showing current change makers driving our successful program.

	STAFF	DESIGNATION
	Project management	
1	Dr. Samuel Guma	Executive Director
2	Mr. Gerever Niwagaba	Program Manager
3	Mr. Elias Tumwine	Accountant
4	Ms. Orishaba Patience	Procurement Officer
5	Asiimwe Buhiire Maureen	Research & Development
6	Ms. Mary Nabisibo	Store Keeper
7	Ms. Miria Khainza	M&E Coordinator
8	Ms. Birungi Juliet	Data clerk
9	Byansi Jeremiah	Data clerk
10	Ms. Kibuuka Hadijah	Clinic file receptionist
11	Mr. Baguma Godfrey	Driver
	Clinicians	
12	Ms. Sarah Komugisha	Manager medical services
13	Ms. Aidah Nanozi	Clinic coordinator/ midwife
14	Ms. Ursula Nanfuka	Clinician/ TB focal person
15	Mr. Alex Bugingo	Clinician
16	Ms. Dorcas Mufumba	Clinician/ in charge of Adolescent clinic
17	Ms. Rehema Nayiga	Clinician
18	Ms. Achola Hellen	Dispensing assistant
	Counselors	
19	Ms. Namaganda Barbara	Counselor
20	Mr. Rutakuburwa Jaston	Counseling coordinator
	Laboratory	
21	Mr. John Amanyire	Laboratory manager
22	Mr. Kayizi Shafiq	Lab technician
	Community support	
23	Ms. Alicitidia Tusimemukama	Community & social support Manager
24	Ms. Nabatanzi Zahara	OVC coordinator

9.2 FINANCE REPORT

The finance section under Administration department is glad to have successfully completed the financial year 2016-2017. In this section, income of the organisation is received, planning, budgeting and control of expenditure takes place. This is done by a dedicated team in the finance section which I am proud to say they have done quite a commendable job.

This report will include the income and expenditure breakdown of Kawempe Home care from April 2016 to March 2017

Table showing the Financial Report for income received and expenditure for the financial year 2016-2017.

Category	Amount (UGX)	US Dollars(\$)	Percentage
Income			
Grants, Donations and Donations in kind	3,890,794,307	1,111,655.5	96.4%
Income Generating Activities	145,749,406	41,642.7	3.6%
Total Income	4,036,543,713	1,153,298.2	100%
Expenditure			
Administration	481,080,431	137,451.6	12.2%
Program activities	3,461,794,181	989,084.1	87.8%
Total	3,942,874,612	1,126,535.7	100%

TOTAL INCOME

Kawempe Home Care received a total income of UGX 4,036,543,713 (Four billion, thirty six million, five hundred forty three thousand, and seven hundred thirteen shillings only). This was from grants and donations both in kind and cash, income generating activities which include beads project, Tailoring, contribution from clients and internship fee from students.

GRANTS AND DONATIONS

Income from grants and donations came to a total of UGX 3,890,794,307 (three billion, eight hundred ninety million, seven hundred ninety four thousand and three hundred seven shillings only.) that is 96.4% of the total income received. We want to thank all our friends and partners from IDI (Infectious Disease Institute), Hope for Children, Kinderne en chance, Samaritan Hospice Sustain UK.

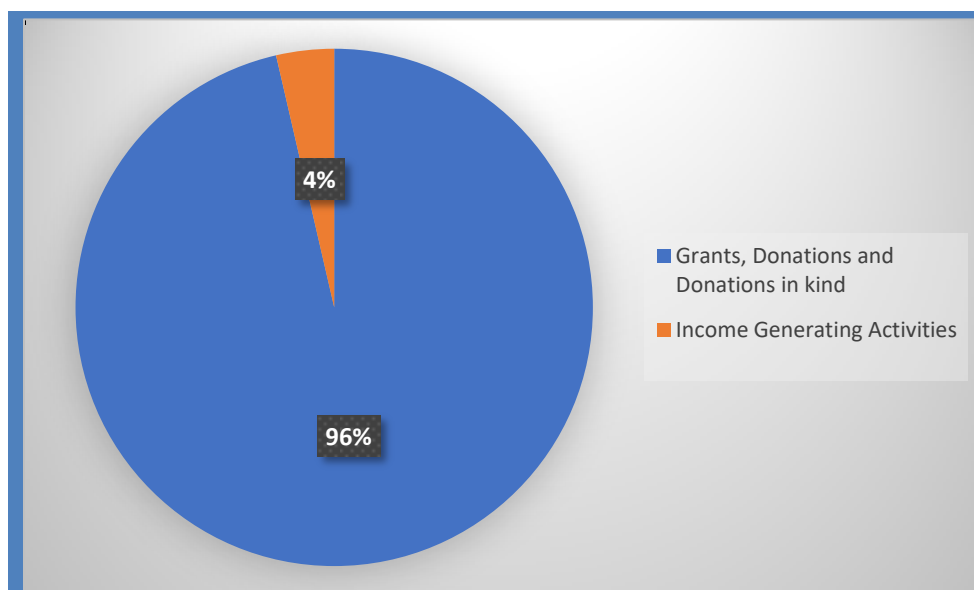
INCOME GENERATING ACTIVITIES

Kawempe Home Care had introduced other ways of generating income for itself due to the gaps in different areas of its budget lines. We are happy to report that these projects have fairly bridged the gaps though still much is needed. A total of UGX 145,749,406 (One hundred forty five million seven hundred forty nine thousand and four hundred six shillings only) was collected. These projects include, beads making by clients from recycled papers, Tailoring project client's contribution and Student's internship fee.

IN-KIND DONATIONS.

We are indebted to all those who donated to us in-kind. The continued support from IDI, Ministry of Health, HEMA, TB TRACK and friends of Kawempe home care cannot go without being recognized. We want to appreciate the in-kind donations which include opportunistic infection medicine from IDI, ARVs and TB medication from Ministry of health, drinking water from HEMA and TB TRACK. Thank you very much.

Pie chart below shows total income for the financial year 2016-2017



TOTAL EXPENDITURE

The total expenditure came to UGX 3,942,874,612 (Three billion, nine hundred forty two million, eight hundred seventy four thousand and six hundred twelve shilling only). The funds were used to finance activities from seven categories namely administrative costs, Comprehensive and holistic care costs, HIV Prevention costs, orphans and vulnerable children costs, Skills empowerment and development costs, Training of health professionals costs and capital costs.

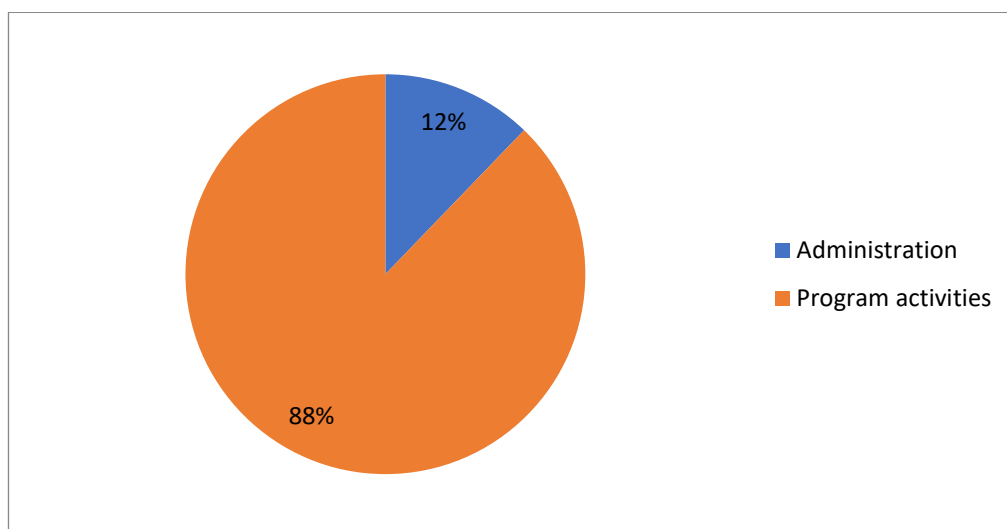
ADMINISTRATIVE COSTS.

This include utility costs like electricity and water, stationary, communication, stipend for administrative staff, food for staff and transportation costs of our administrative and support staff. Administrative cost came to a total of UGX 481,080,431 which constitutes 12.2% of the total expenditure.

PROGRAM ACTIVITIES

Under program cost, a total amount of UGX 3,461,794,181 (Three billion, four hundred sixty one million, seven hundred ninety four thousand and one hundred eighty one only) was spent. Activities under this expense category include, comprehensive and holistic care, HIV prevention, orphans and vulnerable children, skills development and empowerment, training of health professionals and capital costs

Pie Chart below shows the total expenditure financial year 2016-2017



CHALLENGES

One of the challenges for Kawempe Home Care is administrative costs that are quite high but with very little or no support. It should also be noted that other programs and projects are underfunded or not funded hence making it a challenge to achieve our goals. Enrollment of new clients is ever increasing yet the funding is decreasing hence a lot of pressure is exerted on the HIV Program budget.

CONCLUSION

We would like to thank everyone who contributed in one way or another to our projects and programs. Despite the many challenges and difficulties, KHC Staff has continuously put in a lot of effort and dedication in fighting against HIV/AIDS in Kawempe division and Nangabo sub-county. Thanks to all the KHC staff and let us keep the candle burning with love and passion.



“MOVED BY LOVE”