

ANNUAL REPORT KAWEMPE HOME CARE APRIL 2018 – MARCH 2019



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KHC VISION

A vibrant self-sustaining center of excellence providing compassionate health care.

MISSION

To deliver quality health care to people with HIV, TB, cancer and other health related issues through community based holistic care models.

OBJECTIVES

1. Provide comprehensive care to people in our community living with HIV/AIDS, TB and Cancer.
2. Provide care and support to AIDS orphans and vulnerable children to enable them have better opportunities in life.
3. Train health professionals / health workers in palliative care.
4. Provide information, education and communication to foster positive behavior change that causes reduction in the spread of HIV.
5. Strengthen the organization's funding capacity to ensure sustainable income stream

CORE VALUES

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



Some board members and visitors during AGM at Kawempe Home Care

Executive Summary



Dear Friends and Partners,

On behalf of the staff and clients of Kawempe Home Care (KHC), I invite you to review a summary of the work done during the year 2018-19. The organisation is now 11 years old and we have been steadfast in our mission to improve the quality of life of people with HIV/AIDS, Tuberculosis and Cancer.

During this period, we carried out HIV tests for 8,209 people and of these, 370 (4.5%) were HIV positive and 335 (90%) were enrolled in care and started on ART in accordance with the Ministry of Health's test and treat policy. At the end of the year the organisation had 2,182 HIV positive clients in care. The average rate of viral suppression for all clients was 93% with children less than 15 years with an average of 88% and adolescents between 15 – 19 years at 96% suppression. A total of 126 clients were treated with Tuberculosis and 27 patients with cancer received home based care services. The organisation also provided psychosocial support to 195 children with cancer to access specialised care at the Uganda Cancer Institute (UCI).

We are also pleased to announce that we have come to the end of our strategic plan 2013/14-2018/19 and an evaluation will be done to determine the organisations performance against the plan. Details of the findings will be shared with all stakeholders. Plans are also underway to develop a new SP for the period 2019/20 – 2024/25.

This year two of our staff travelled to New Jersey, USA for an exchange visit with our partner Samaritan Healthcare and Hospice. The one-week visit was very useful for them and a lot was shared including visits to children's hostels, rotary clubs and meetings with board members and friends of the hospice. It was a good learning experience and the team got a number of ideas in the management of the children's hostel and also contacts for resource mobilisation.

During this year, we participated in the SOURCE program funded by the American Cancer Society. This training built the capacity of our staff in critical areas like governance, project planning and management, resources mobilisation etc. This project has further strengthened our back office" and improved the overall sustainability of the organisation.

I would like to appreciate our donors who have provided resources to enable the organisation to engage in a range of activities that have enabled the organisation to improve the quality of life of many clients. These include; The Centre for Diseases Control (CDC/PEPFAR) in partnership with the Infectious Diseases Institute (IDI) as the lead implementing partner. The Global Fund/Ministry of health, Medical Access Uganda LTD, Kindern Eine Chance, the American Cancer Society, Sustain Heath partnerships, culture without borders, USAID Defeat TB project, Samaritan health care and hospice and the African Palliative Care Association.

I thank the staff of KHC for the good work done, the team work, attention to detail and their willingness to go the extra mile to provide care for the clients.

Special appreciation to the board of directors for the guidance, counsel, technical skills rendered to the management of the organisation. The progressive steps that the organisation is taking is due to their wise and strategic counsel.

Thank you

Dr. Samuel Guma
Executive Director

1.0 Comprehensive Care for people with HIV/AIDS, Tuberculosis and Cancer

Kawempe Home Care ensures care and treatment of clients with HIV/AIDS, TB and cancer at the KHC health facility, Kasangati outreach that reaches the most in need. This is done with the support of the community volunteers who take services like community HIV testing services targeting men, commercial sex workers, and family planning services. To ensure quality services, support supervisions are done by medical team and managers.

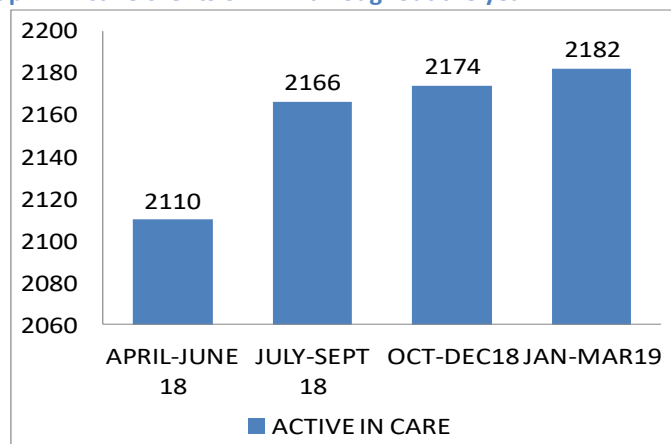
1.1 HIV/AIDS care

1.1.1 HIV testing services

During the year, 8209 people were tested for HIV; 370 (4.5%) of these turned HIV positive and 335 (90%) were enrolled in care. 1541 (18.7%) of the people who were tested were key populations from the hotspots of Kawempe Division (Kidansolo, Kiwala, Kisowela, Kimansulo, Kamalimali, Kimana, Katogo, Kweyiya, Tujanjawaze Soweto, Kitetika, Kitezi land refill, Bubumbuli valley in, Kadingidi babies bar Kazinga, Kibwa zone and Kawempe corner zone).

Pic 1: A community volunteer carrying out HTS in the community

Graph 2: Active clients on ART throughout the year



1.1.2 Clients active on ART

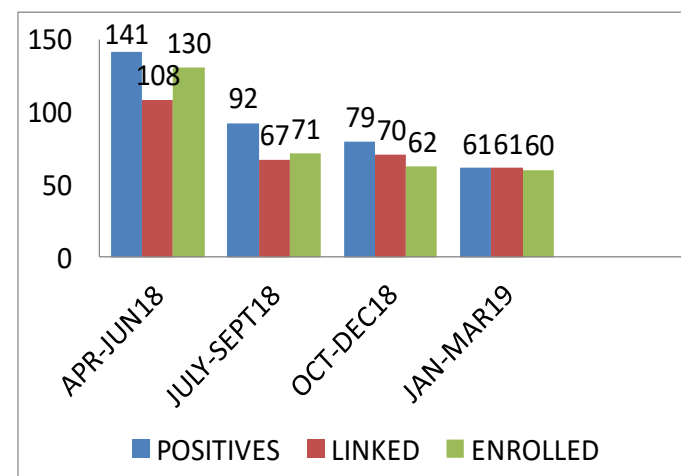
At the end of the year, we had a total of 2182 clients active in care and on ART.

1.1.3 Viral load suppression of clients on ART

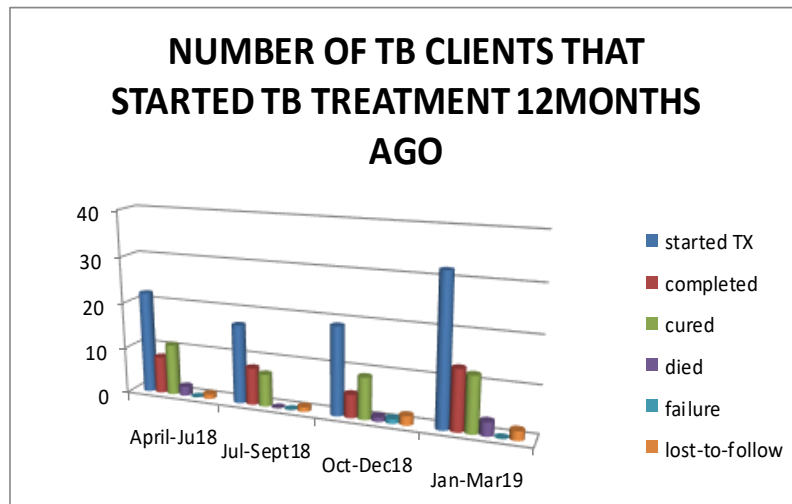
Overall average viral load suppression for the clients that were bled was 93%. Viral load suppression for children below 15yrs is 88%, adolescents 15-19yrs average suppression rate is at 96%, adults 19 yrs and above are at 89%.

The following are a representation of the annual performance on key indicators:

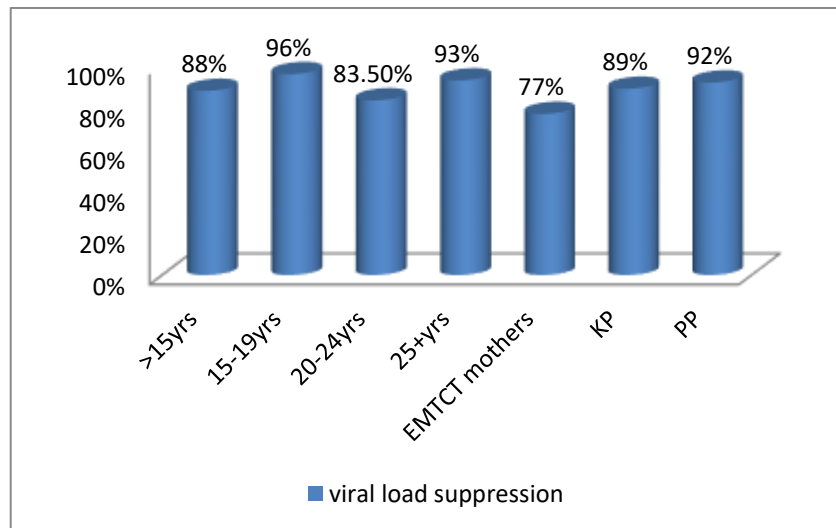
Graph 1: HTS uptake throughout the year



Graph 4: TB treatment outcomes for all TB



Graph 3: Viral Load suppression rates Jan-Mar19



Above: HIV and Cancer Community sensitization of children and adolescents using role plays & drama in schools of Kawempe Division

1.2 Tuberculosis

The TB services are provided by a multidisciplinary team of carers that comprise of health professionals and community volunteers who are trained in provision of community based directly observed therapy (CB-DOT). The community volunteers play a big role through monitoring adherence to medication and tracking TB patients who miss clinic appointments.

1.3 Palliative Care

KHC offers palliative care to clients with cancer at the facility and at the New Hope Children's Hostel.

1.3.1 Home based palliative care for cancer patients

The palliative care services for outpatients at the facility include pain relief, psychosocial, spiritual and social support. This period, KHC had 27 clients in cancer care at 26 (85%) are HIV positive and 1 HIV negative.



This network of carers enabled us to attain the following outcomes during the year.

2182 clients were screened for TB, 126 of them were confirmed with active TB by the aid of TB diagnostic algorithm. 91 of these are HIV positive and 35 HIV negative. By the end of the year, 39 clients were active on TB treatment.

1.3.2 New Hope Hostel

New Hope Children's Hostel (NHCH) has a bed capacity of 31 beds for children, 30 mattresses for the careers and 2 emergency beds. These are used in case a child returns from home for an appointment without alerting the hostel staffs for bed booking.

The Hostel provides accommodation, nutritious meals, transport to and from UCI and psychosocial support, legal and palliative care.

Pic 2: children at the hostel having a singing session

Since September 2016, the hostel has cared for 380 children. The New Hope Children's Hostel has accommodated 195 children during the reporting period, who are under investigations or on active cancer treatment at Uganda Cancer Institute /Mulago Hospital. 106 children have been able to finish their cancer treatment which is chemotherapy, radiotherapy, surgery and are now on routine medical review after every two to three months.

The types of cancer at the New Hope Children's Hostel are shown in the charts below.

Table 2: Shows the number of children served with their diagnosis since 2016

Cancer type	Number
Nephroblastoma/ Wilms' tumor	86
Leukemia	64
Hodgkin's lymphoma	34
Retinoblastoma	30
Burkitt's lymphoma	23
Neurofibroma	12
Kaposi's sarcoma	12
Diffuse large B-cell lymphoma	10
Malignant abdominal tumor	10
Lymphoblastic lymphoma	8
Germ cell tumor	8
Osteosarcoma	8
Sacral osteosarcoma	6
Squamous cell carcinoma	3
Chondrosarcoma	2
Brain tumor	2
Frontal ethmoidal mass	1
Esophageal cancer	1
Nasal tumor	1
Oral pharyngeal cancer	1
Cervical cancer	1
Lymphadenopathy	1
Cancer of breast	1
Still under investigation	35
Non cancer	20

SUCCESS STORY

AYAMBA WILBERFORCE

Wilberforce is 14years old, first born child in the family and has three



siblings. His parents are peasants from Mubende district. He started falling sick in 2015 with itchy reddish eyes and a swollen stomach, he was taken to a clinic in Mubende where he was given pain killers and anti-biotic but his eyes continued swelling, red with pus and finally became blind. The parents tried

taking him to witch doctors because they thought it was witch craft, tried herbal medicine and took him to some pastors for prayers but all in vain. He was later taken to Mubende referral hospital and was referred to Mulago hospital. Uganda cancer institute carried out several tests and he was diagnosed with cancer of the blood (leukemia). His father abandoned him and his mother at Mulago after the diagnosis.

Wilberforce was started on treatment (chemotherapy) in December 2017 when he came to the New hope hostel with his mother, the New hope hostel helped them to access medication at Uganda Cancer Institute by providing accommodation, food and transport to UCI. Wilber's mother is so grateful for the support they received at the New hope hostel because Wilber's father abandoned them at Mulago after the diagnosis. Still the New hope hostel came in to support

buying prescribed medicines for Wilber, providing psychosocial support and sometimes transport when going back home. They spent at New Hope hostel a whole year while on his first phase of treatment. Wilber's stomach reduced in size, pain was controlled but unfortunately he didn't regain his sight. He completed the first

2.0 Integrated services

2.1 Family Planning



Community volunteer educates men about family planning methods

Other activities are community family planning services for women and girls. Community volunteers offered education, referral and simple family planning methods to 3145 women and girls during the reporting period. Sensitization by Community volunteers for men who may refer their spouses takes place in sports bars. As well as

treatment phase and now he goes to UCI for his treatment once in a month.

Wilber's mother appreciates all the support Kawempe Home Care has and is still providing to them but she would like more help on transport for every month from home to UCI and Wilber to go to school.

sensitization for ladies is done by hair dressers in salons, where ladies spend often many hours.

2.2 Cervical Cancer Screening

There were 25 women and girls screened for cancer and no cases were identified positive.

2.3 Immunization

KHC carried out 3774 immunizations within kawempe catchment area. Vaccinations administered include HPV, Polio, BCG, IPV,DPT,PCV, Measles in both static and outreach clinics.

Education Levels	Number of children	HIV infected	HIV affected (HIV negative)
Primary	56	35	21
Secondary	13	5	8
Tertiary	2	1	1
Total	71	41	30

3.0 Care for Orphans and Vulnerable Children Care



Christmas party for KHC children

3.1 Home Care Educational Support

The section has provided 70 children with education support not limited to scholastic materials and school fees. Day care services for HIV affected and infected children of 5 years and below resumed. Day care program has a total number of 48 children

and 38 attended the sessions in this quarter. Adolescent/teens meetings also took place and 80 adolescents attended. The OVC section organizes quarterly HES parent meetings to strengthen the responsibilities towards their children.



3.2 Teens Club and Adolescent program

Teens/adolescent meetings help the children living positively with HIV through sharing their testimonies and supporting one another to adhere well on treatment. Life skills, behavior change sessions among others are also conducted.

4.0 Stores and logistics



Picture of the medicines in the store

During this period the following systems were introduced to monitor the logistics flow i.e. Real time ARVs stock status(RASS) which is an ARVs logistics SMS reporting tool that helps the store keeper to know the quantities received and balance on hand at the facility in the previous week for both adult and children's regimens, RX Solution system was also introduced which is used to capture data electronically at every point that transaction occurs from the stores and the data posted can be viewed by MAUL using team viewer.



New Staff: Mr. Daurino Tukwatanise (Admin assistant & Mrs. Henrietta Kebirungi (Resource mobilization coordinator

5.0 Training and Capacity building

During this period, we maintained a staff retention rate of 95 %. This has been because of good leadership and good working environment. The contract for the M&E technical advisor who had served for 4 years came to an end. The M&E dept is now strong enough to stand on its own. We held management training for managers and coordinators. The staffs were trained in HIV management, palliative care, community family planning & immunization, and TB management. Case conferences and continuous medical education (CMEs) were carried out on weekly basis.

We are grateful to infectious diseases institute (IDI), American Cancer society for capacity building and training of our key technical staff. This has turned KHC into a centre of Excellency in HIV care and palliative care in Uganda.

1.1 New additions at KHC

During this period, we developed a new five year strategic plan. The organisation structure also changed to meet the HR needs of the New strategic plan. As a result, we recruited 3 new employees at i.e. Ms. Mary Immaculate Mungoma (Admin & HR manager), Mr. Dauriano Tukwatanise (Admin Assistant) and Mrs. Henrietta Kebirungi (Resource mobilization coordinator). Below is a short

My story



story of what motivated **Ms. Mary Immaculate** to join KHC and pictures of New staff.

I have over 4 years of experience in human resource management. When

I saw the advert for Admin & HR manager, I was not bothered until I opened the website of KHC. “Moved by Love” slogan was what captured my mind. I was motivated by the compassionate love and care that KHC gives to the less privileged in the communities through treating, caring and supporting patients with cancer especially the children. I knew immediately that to be part of this great team was my greatest heart’s desire and a fulfilling

Purpose to serve. I am happy that I am now part of this amazing team that spreads new hope and compassion medical care throughout Uganda. I look forward to contribute my HR and administration management skills and continue taking the organisation to greater heights.

Table 4: Trainings April 2018-March 2019

Training type	Number of trainings	Number of participants
Source program	3	5
Palliative care	2	30
I.D.I Training	4	8
No. of weekly internal CME sessions	30	33
External HIV/TB care training	4	8
Continuous medical education with external presenters	2	28
Finance management	1	1
Internal management skills training	1	12

5.1.2. Volunteering

Kawempe Home care maintained 25 local expert community health volunteers on the program. These volunteers provide HTC for MARPs, adherence monitoring, carry out CBDOTS, contact tracing for TB patients and family planning activities.

We also received 12 volunteers both international and national;

National: (6)

International :(6; Sweden, UK, German)

They were able to share their skills, time, experiences and ideas in several departments. They have also pledged their support as KHC Ambassadors through fundraising and referring other volunteers to the organization. Items like food, medicines and money were donated to Orphans and Vulnerable Children's program and New Hope Children's Hostel. Here are pictures of some volunteers from different countries .



6.0 Sustainability

6.1 skills development and empowerment



In picture: Some items in the shop ready for delivery at Ecotrust

Kawempe Home Care has maintained two social enterprise programs i.e. tailoring and beads for education.

These projects generate income for both the 10 employed clients and the organization by raising school fees for 28 orphans and vulnerable children. The beads for education program focuses on the production of paper beads for necklaces, bracelets, earrings and rosaries. The beaders do the work from their homes and only bring finished products to Kawempe home care shop for selling. Tailoring is done at a workshop at Kawempe Home Care majorly producing back pack bags, travel bags, conference bags, shopping bags, laptop bags,

stuffed animals etc. Since 2015 over 45 tailors were recruited and trained and also 28 sewing machines were attained.

All the beads and tailoring products are sold in the shop at Kawempe Home Care, at local exhibitions and conferences as well as internationally through online marketing and our ambassadors, friends and partners. We would like to thank the following organizations for their great support of our business; European African Palliative care (EAPC) for the two big orders of four thousand

bags, Weitsicht in Germany by ALF and Ecotrust.



SUCCESS STORY of Rita Nabuuma

I joined Kawempe Home Care tailoring project in 2015 through a mentorship program at Kawempe Home care where my mother was receiving treatment though later died. Through the community

volunteer who was helping my mother to take treatment I was informed about tailoring training at Kawempe Home Care and because my father had married a second wife there was no school fees to take me for higher institutions of learning. She helped me enroll on the tailoring project. I am among the best tailor and they

choose me to head the production work by supervising all tailors. I am grateful for the opportunity granted to me by Kawempe Home Care.

6.2 Resource Mobilization Networking &Publicity

We were able to maintain most of our development partners, these are Ministry of Health, Infectious Diseases Institute (IDI), Samaritan Healthcare and Hospice, American Cancer Society, HORIZONT3000, and Sustain Health Partnerships, Uganda Cancer Society, Palliative Care Association Uganda (PCAU), African Palliative Care Association (APCA). However, the contract we had with Kindern eine Chance came to an end hence living critical gaps in care for children with cancer. On a good note USAID- Defeat TB joined our partnership in the fight against TB.

6.2.3 Partnership & Networking

KHC has kept her relationship with development partners like Uganda Cancer Institute, Uganda Cancer Society, American Cancer Society who have continuously support our cancer patients, & organizational development through Source Program .

We had an exchange visit where KHC staff travelled to attend resource mobilization workshops and experiential learning with our sister Samaritan HealthCare & hospice in New Jersey USA.

The sale of KHC products by Samaritan has not only educated

Mr. Gerever N (Program manager) and Ms. Sarah K, carrying out different resource mobilization and networking workshops during the exchange visit between KHC and Samaritan Healthcare & hospice



the OVCs but also improved the health & economic welfare of destitute patients.

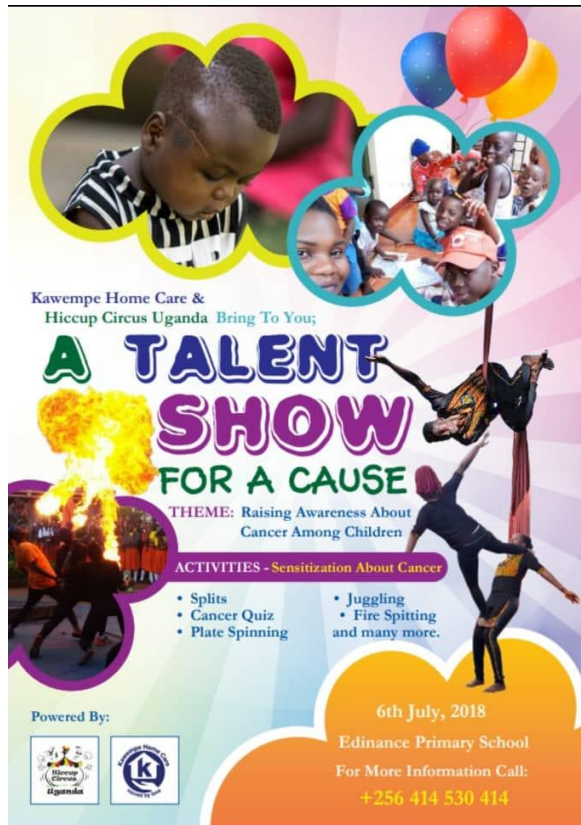
The Uganda Lodges has also improved our laboratory by purchasing a CBC machine and other lab equipment's. This has improved the quality of our health services.



In pictures: Nakasero primary school head girl handing over food mobilized from children to feed children with cancer; Bank of Africa and Rotary Club of Kireka also donated food and playing materials, while Hema water has been providing free drinking water to KHC. We thank you for the support



7.0. Publications and awards in pictures:



8.0. CHALLENGES EXPERIENCED,

- There is need for money to do hospital investigations for children who are going through their cancer treatment like C.T scan, Echo-scan, ultra sound, x-ray scan to mention but a few.
- The caregivers of the children at the hostel have a challenge paying for additional medications prescribed to the children at UCI. Caregivers also lack basic needs like sanitary towels, soap, smearing oil etc.
- Most of the clients have no transport to go back to their homes; this limits space at the hostel hence denying a chance for more patients who need care.
- Limited space for play and accommodation for our children which calls for the need to purchase of a bigger place. KHC is mobilizing resources and calling on people of good will to help the organization to buy land. This will enable KHC to have a permanent home for all its patients.
- There is a great need for food support especially for children with cancer and breast-feeding mothers living with HIV.
- With the end of the contract with Kindern eine Chance who provided HR resources and psychosocial support for children, the current service delivery has been affected due to the limited funding for cancer support in Uganda.

9.0 Financial report summary 2018/201974e5jytdhgc

The finance section under Administration department is glad to have successfully completed the financial year 2018-2019. This report will include the income and expenditure breakdown of Kawempe Home care from April 2018 to March 2019.

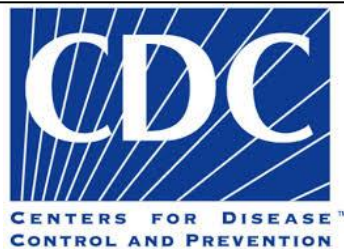
EXPENDITURE

Objective	Expenditure
ADMINISTRATION	628,163,965
COMPREHENSIVE HOLISTIC CARE	1,052,297,467
PROVIDE INFORMATION, EDUCATION AND COMMUNICATION TO FOSTER POSITIVE BEHAVIOR CHANGES THAT RESULT IN A REDUCTION IN THE SPREAD OF HIV	230,124,000
PROVIDE CARE AND SUPPORT TO CHILDREN SUFFERING FROM CHILDHOOD CANCER	209,968,067
PROVIDE CARE AND SUPPORT TO AIDS ORPHANS AND VULNERABLE CHILDREN	119,644,561
TRAINING HEALTH PROFESSIONALS AND HEALTH WORKERS IN PALLIATIVE CARE	45,106,361
Grand Total	2,285,304,421

INCOME

Restricted funding	
IDI	966,874,400
ACS	123,933,392
Culture without borders	16,351,125
Oasis change makers	4,274,000
Kindern en chance	183,750,310
Hope for children	6,920,000
OSIEA	55,502,100
USAID	68,538,865
Sustain UK	16,181,270
APCA	15,750,000
Samaritan Health Partnership	29,767,895
PCAU	1,100,000
Donations in-kind	1,378,270,368
Unrestricted funding	
IGAs profit for year	8,116,198
Client contribution	23,676,800
Bidding	1,100,000
Private donors	102,031,961
Other unrestricted funding	1,247,779
GRAND TOTAL	3,003,386,463

Appreciation of Kawempe Home Care Supporters



Leadership Team



Mr. Byaruhanga Aloysius
Board Chairman



Ms. Immaculate Owomugisha
Board member- Legal Advisor



Dr. Victor Musime
Board member – Medical Representative



Ms. Komugisha Sarah
Board Member Founders representative.



Mr. Wasolo Nathan
Board member- Corporate
Affairs



Mr. Bweete Simon
Board member- Client

Management Team



Dr. Guma Samuel.
Executive/ Medical director



Mr. Gerever Niwagaba
Program Manager



Ms. Patricia Nafuna
Admin & Finance Manager



Ms. Ruth musimenta
Skills Dev't & Empowerment
Manager



Mrs. Diana Kambere
Nkurunziza
Head Monitoring & Evaluation



Ms. Alicitidia Tusiimemukama
Manager Community & Social
Support



Ms. Maureen Buhiire
Quality Assurance Manager



Ms. Clair Namulwa
Hostel Administrator



KAWEMPE HOME CARE
ANNUAL GENERAL MEETING 2018

Venue: Kawempe Home Care | Date: 31st July 2018 | Time: 9:30am - 1:00pm

KAWEMPE HOME CARE

VISION
To provide quality, affordable and accessible home care services to the community.

MISSION
To improve the quality of life for the community by providing and caring for vulnerable, ill and chronically ill people, ensuring their dignity, privacy, and safety, and promoting their health and well-being.

OBJECTIVES

- 1. To provide comprehensive home care services to the community.
- 2. To provide the community with a safe and secure environment for their health and well-being.
- 3. To provide the community with a safe and secure environment for their health and well-being.
- 4. To provide the community with a safe and secure environment for their health and well-being.
- 5. To provide the community with a safe and secure environment for their health and well-being.