

**ST. FRANCIS HEALTH CARE SERVICES**  
**P.O. BOX 2210 JINJA**  
**ANNUAL REPORT JANUARY 2002 TO DECEMBER 2002.**

1. Name of Organization:

ST FRANCIS HEALTH CARE SERVICES

2. Project to which this report relates

HIV PREVENTION AND AIDS CARE

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5. Type of Report (Annual, bi-annual, quarterly etc):

ANNUAL

6. Report Period:

From January 2002 to December 2002

7. Date of Report:

Signature:

*5<sup>th</sup> January 2003*

*Faustine Ngarambe*

## **8. Executive Summary**

The overall goal of St. Francis Health Care Services is to reduce the prevalence of HIV and to mitigate the social-economic impact of HIV/AIDS on individuals, families and communities through the provision of integrated quality services to the infected and affected of the population.

This report covers St. Francis Health Care Services activities, achievements attained and constraints encountered during the period of January to December 2002.

The achievements attained during 2002 were possible because of funds donated by The Elton John AIDS Foundation U.K, Firelight Foundation U.S.A, The friends of Fr. Fons a Mill Hill priest and Rev. Father Tom Mcdermott a Holy Cross Priest.

Through the Government of Uganda, The Ministry of Health supports a new initiative of Voluntary Counseling and Testing and T.B management. We have now acquired a fully fledged Voluntary Counseling and Testing (VCT) and a TB treatment centre supported by the Directorate of Health services Mukono District.

St. Francis has continued to serve the population of two Districts of Mukono and Jinja. However, clients have been referred from other neighbouring districts of Mayuge, Kayunga, Iganga and Bugiri.

A total of new clients registered in 2002 were 790 of whom 96 were children and 684 adults. 1,058 Homes were visited during the same period. The number of people seeking counseling services reached 5,570 compared to 4,691 in 2001. Cumulative clients registered since 1998-2,553.

18,882 counseling sessions were conducted in outreaches and at the day care centre. 139 health education talks were also conducted in 2002. The number of people seeking voluntary counseling and testing increased to 1,053 from 219 in 2001. This was as a result of mobilization and sensitization of the community through drama plays, video shows and AIDS committees together with Community Counseling Aides (CCA's): Structures established to combat HIV/AIDS in the communities. The AIDS committees are from the sub-county to the village level e.g. Sub-county AIDS Coordination Committee (SACC), Parish AIDS Coordination Committee (PACC) and Village AIDS Coordination Committee (VACC). These were assisted by 60 Community Counseling Aides (CCA's) trained in basic counseling and mobilization skills. Bicycles were given to CCA's to ease their transport in the villages.

Treatment of opportunistic diseases has greatly improved our clients' health thus prolonging their lives hence reducing mortality rates among the AIDS clients. Patient care is conducted both in clients' homes/outreaches and at our day care centre. Twenty-two outreach centres have been established in the communities.

Income generating activities have also been limited to a pilot project to find out whether clients can manage them in order to be self-sustaining in supporting the orphans. 108 orphan carers have been supported in IGA's and they have been successful.

In the Care and Support we also have the Food Component. Food is distributed to the most needy clients and their children (Orphans), 488 Adults and 156 children benefited from this component.

We have also enjoyed the political will and support from our local politicians for example the area member of Parliament donated an Ambulance to transport bed ridden clients to referral centers/Hospitals.

St. Francis Health Care Services despite its achievements in delivering quality care to its clients however, continues to face challenges mainly in terms of finances. This is so because there is a growing number of PHA's seeking services. The future trend indicates that we are going to be over stretched in terms of physical, human and financial resources.

During the same period, a number of Institutions have been sending their trainees for field work experiences, University students, trainees of other AIDS Service organizations have been attached to our organization to get experiences in Home Care, and VCT programs.

Prof. John Rwomushana Deputy Director General of Uganda AIDS Commission incharge of Policy and research commissioned 60 Community Counseling Aides graduants at a colourful ceremony where certificates and 60 bicycles were handed over to the graduants.

Dr. Jantine Jacobi the Country UNAIDS county advisor visited our center and had a fruitful discussion between the management staff and clients.

A 20 member delegation from Thailand and Cambodia led by Prof. John Rwomushana of Uganda AIDS Commission. The delegation visited our programme to reciprocate a visit by a six member Ugandan team to Thailand and one of the members was our own staff member Mrs. Faith Akiiki. The team visited our grassroot communities to assess the response in coping with the HIV/AIDS epidemic.

Students from Uganda Martyrs University Nkozi on Masters Programme, social work and social administration from Uganda Christian University and 2 young men from Mill Hill Missionaries did their pastoral orientation at our centre; Holy Cross sisters candidates and Novices have also been oriented in ministry of caring for the sick.

Our organization has continued to network with government ministries i.e. Ministry of Health, Uganda AIDS Commission, UNAIDS, UNASO and sister organizations such as The AIDS Support Organization (TASO) and AIDS Information Centre (AIC).

In December 2002, we moved to a new centre, which is accessible to our clients because it is located on the main highway-Jinja Kampala. Previously, we occupied two premises, which were not easily accessible, as it was a bit far from the main road.

In spite of having achieved a lot in 2002, we would have done better if funds were available. We have operated on emergency funds from Elton John AIDS Foundation from Sept.2002-Dec.2002 because our funding period ended 30<sup>th</sup> Sept.2002.

Nevertheless, we would like to thank the community, the staff, volunteers, friends and the donors, whom without their support, we would not have done much.

## **9. Description of project**

### **A. Background:**

St. Francis Health Care Services has since inception been following the Uganda National Strategic framework 2000/1-2005/6 in areas/scope applicable to sub-counties and communities targeting sexually active population aged 15-49 and HIV orphaned children on HIV/AIDS Prevention and Care. The area covers the sub-counties of Njeru Town Council, Wakisi, Nyenga and Najjembe of Mukono District. We also operate in Jinja Municipality and its environs of Walukuba, Masese, Bugembe/Wairaka and Mpumudde. But we continue to serve people from other districts. So in effect, we are providing service to people from a population estimated at 500,000 inhabitants.

The project area is located on the Trans-African highway from the Port of Mombasa to Kinshasa in DRC, Kigali in Rwanda and Bujumbura in Burundi. The population is cosmopolitan in nature and mainly immigrants from all parts of the Country and those from DRC, Congo and Rwanda.

When, we started the project in 1998, the area was “a virgin place”, in that there was no AIDS Intervention, therefore we started from almost zero.

The HIV prevalence in Uganda has further reduced to 5.1%. It may vary from area to area, especially the rural catchment area, since the figures are derived from STD/AIDS control programs using sentinel sites. More women than men have reported for testing and medical support. The number of HIV orphaned children is increasing. Their living infected mothers report most of them. It has been reported that single mother orphans are more than those who have lost both parents followed by those who have lost their mothers and are living with their fathers.

The registered clientele this year consists of the following: total 790, adults 684 and Children 96 in a population of about 500,000 people where males are 49.1%, females 50.9% and of these, children under 15 are 47.6%

The Government’s openness about HIV/AIDS pandemic has encouraged political, civic leaders, religious and opinion leaders to participate in reminding the community to abandon activities and cultural aspects that pre-dispose people to the HIV/AIDS scourge, e.g. wife inheritance, multiple sexual partners etc. The inhabitants are not homogeneous

and so the cultures and traditions are diverse which makes the work of HIV prevention difficult especially in a highly ignorant population.

There are two referral hospitals, one private and the other government aided. Most schools both primary and secondary are private with a high turnover of teachers because of low or no salaries at times.

The area is basically agricultural. Coffee is the main cash crop whose international prices have reached record lows. Privatization of industries in Jinja resulted in retrenchment and lay off of personnel who are now the main inhabitants of our areas of operation. Poverty is therefore rife and biting, with annual GNP per Capita of \$ 300. Poverty is therefore regarded as the main cause of poor health in the population.

### B. Scope of work

<b>Activity</b>	<b>Anticipated results</b>	<b>Collaborators</b>	<b>Timeframe</b>
1. KABP survey and IEP impact assessment.	KABP survey and IEC assessment reports	Local councils & hired personnel	3 <sup>rd</sup> Quarter 2001
2. Disseminate IEC messages	IEC impact assessment	Local councils, schools & religious leaders.	All quarters.
3. Conduct mobile shows	Records of Drama & Video shows	Local councils	All quarters seasonally planned
4. Sensitize the population on early sex, infidelity , unprotected sex to HIV/AIDS	Numbers of people sensitized in % reported for VCT	Local AIDS committees.	3 <sup>rd</sup> quarter 2001 & 1 <sup>st</sup> quarter 2002
5. Conduct Advocacy Seminars in schools	No. of seminars	Local council Schools	3 <sup>rd</sup> quarter 2001 and 1 <sup>st</sup> quarter 2002
6. Distribute AIDS E&C materials to schools	No. of materials distributed	Ministry of Education	3 <sup>rd</sup> quarter 2001 and 1 <sup>st</sup> quarter 2002
7. Refresh T.O.T in AIDS Counseling	No. of people retrained.	Local council Schools	4 <sup>th</sup> quarter 2001
8. Equip teachers in IEC to students	No. of teachers trained.	Schools	4 <sup>th</sup> quarter 2001
9. Train CBO on condom distribution	Source their own		4 <sup>th</sup> quarter 2001 & 1 <sup>st</sup> quarter 2002
10. Procure condoms	Nos. Procured and distributed	Ministry of Health	4 <sup>th</sup> quarter 2001 and 1 <sup>st</sup> quarter 2002
11. Advocate for condom use	No. of seminars conducted.	Ministry of Health	3 <sup>rd</sup> quarter 2001

12. Distribute condoms	% sexual partners using condoms	Ministry of Health	4 <sup>th</sup> quarter 2001
13. Sensitization of femidom	% women reporting using them	Ministry of Health	3 <sup>rd</sup> quarter 2001 & 1 <sup>st</sup> quarter 2001
14. Sensitization on VCT	No. of people accessing VCT	Local councils Youth clubs	4 <sup>th</sup> quarter 2001
15. Form Philly Lutaya club	Post-test club in place	Post test people	1 <sup>st</sup> quarter 2002 & 2 <sup>nd</sup> quarter 2002
16. Conduct VCT training for St. Francis	No. of staff trained	AIDS Information Centre (AIC)	3 <sup>rd</sup> quarter 2001
17. Train St. Francis Medical Team in VCT	No. of staff trained	Trainers from Ministry of Health	3 <sup>rd</sup> quarter 2001
<b>Activity</b>	<b>Anticipated results</b>	<b>Collaborators</b>	<b>Timeframe</b>
18. Conduct VCT at outreach	No. of activities done	Local AIDS committees	All the quarters
19. Survey incidence of abuse and violation of children rights	Base-line report	Local council leaders	3 <sup>rd</sup> quarter 2001
20. Distribute policy and rights of children	Nos. Distributed	Local council member, PHA's, Ministry of Gender.	4 <sup>th</sup> quarter 2002
21. Train of T.O.T and community change agents on rights of Children, Youth & Women.	% change agents having the knowledge		4 <sup>th</sup> quarter 2001
22. Conduct advocacy seminars on children rights.	No. of advocacy meetings	Youth & women groups	4 <sup>th</sup> quarter 2001
23. Set up behavioural change agents	No. of seminars	Primary and Secondary schools	1 <sup>st</sup> quarter 2002
24. Sensitize religious and community leaders on care, social and spiritual counselling.	No. of seminars conducted.	Church leaders, Sheiks PHA's	4 <sup>th</sup> quarter 2001
25. Integrate AIDS Care etc. in religious Institutions	% of people having access	Church leaders, Sheiks etc.	All quarters
26. Provide food to	No. of needy clients	PHA's	All the quarters

needy clients			
27. Conduct regular referrals, courses for CCA's	No. of refresher courses	CCA's	Once every quarter
28. Sensitize community on care of PHA's	No. of sessions	Local councils	All quarters
29. Conduct mobile AIDS Care Services	No. of PHA families, individuals having access to care & counselling	Communities PHA's	All quarters.
30. carry monitoring on care providers	% of supervision field visits % PHA reporting	Local council leaders Traditional healers	All quarters
<b>Activity</b>	<b>Anticipated results</b>	<b>Collaborators</b>	<b>Timeframe</b>
31. Procure Drugs	List of drugs	Ministry of Health	3 <sup>rd</sup> quarter 2001
32. Referral of clients to hospital & specialized clinics	No. of referrals made	Community members CCA's	All quarters
33. carry assessment of HIV orphaned children	No. Of children in and out of school Their problems	PHA's organization Schools, religious organizations.	3 <sup>rd</sup> quarter of 2001
34. Financial Support to orphan carers	Progress reports on children welfare	Community religious organizations.	4 <sup>th</sup> quarter 2002
35. Review and support AIDS committees	Functional AIDS Coordination	SACC, PACC, VACC, and CCA's	Once every quarter
36. Train AIDS committees in planning and M& E	No. of people trained	SACC, PACC, VACC, and CCA's	3 <sup>rd</sup> quarter 2001
37. Seek partnership	Acknowledgements & Donations	Internal and external organizations	All quarters
38. Record Data	Reports	All departments of St. Francis HCS.	All quarters
39. Compile and analyze Data & Disseminate information	Reports made	As above	All quarters
40. Train AIDS committees in D&C	Monthly reports from communities	As above	3 <sup>rd</sup> quarter 2001
41. Do evaluation	Quantity and quality of services rendered	External evaluator.	3 <sup>rd</sup> quarter 2002

## **10. Implementation/results:**

- A. Activities were prioritized for action according to the demands of the situation, requests and recommendations of the AIDS Coordination Committees and the funds available.

### **Planned activities:**

**Activity 1.** The KABP Survey was conducted and a report was made and sent to the funders. It was however criticized as not up to the expected. It however showed that awareness campaigns are still required in Wakisi Subcounty and Njeru West.

**Activity 2:** It is evident that there is high illiteracy among the population. So in the absence of IEC materials, we used entertainment/ education video shows, drama songs and plays and PHA's testimonies all designed to suit difficult situations appropriately. They proved popular and a crowd puller. The messages conveyed were about HIV/AIDS/STDs, predisposing cultural practices, signs/symptoms, Health seeking behaviour, PMTCT, VCT, Care of orphans, writing wills, prevention and care and condom promotion. We conducted 22 Drama, Video shows and testimonials in the community and 15 Drama, Video shows and testimonials in schools. They attracted 23,143 people in the community and 1776 students respectively.

**Activity 3:** The same as above.

**Activity 4:** Sensitization of the public about the dangers of early sex, infidelity, unprotected sex and drug abuse including alcohol was included in the messages in activities 2 & 3.

**Activity 5:** Instead of seminars, video and drama shows were conducted in 15 schools.

**Activity 6:** While doing activity 5, five hundred (500) of education materials from Uganda AIDS Commission, 30 & 40 of young talk and straight talk respectively, were distributed in schools, these IEC materials were from straight talk foundation.

**Activity 7:** Training of Trainers (T.O.T) took place with Community Counselling Aides (CCA's) 60 of them under went one week retraining in HIV/AIDS prevention and care and counselling skills.

**Activity 8:** Our management continued to visit teachers in schools for on site discussions to revitalize their plans. Schools visited were 30 primary schools and 15 secondary schools.

**Activities 9:** The CCA's were instructed in their monthly meetings on the distribution of condoms in the villages telling people where they would be found to collect the condoms whenever they needed them. 69 villages were visited.

**Activity 10:** 48,000 condoms were procured from Ministry of Health and distributed in the community. There is high demand for condoms in the community especially by the youth.

**Activity 11:** This activity was assigned to Community Counselling Aides. These were later given bicycles to ease their movements in the villages.

**Activity 12:** Condoms were distributed by CCA's in the 69 villages. 24,000 condoms were distributed.

**Activity 13:** There was no supply of the femidom. Only a limited number were secured and given to counsellors for women clients' education. However, there are available in shops.

**Activity 14:** The drama group did Sensitization on Voluntary Counselling and Testing when ever they performed in the community, 23,143 both children and adults attended. 1133 people turned up for VCT thereafter.

**Activity 15:** Facilitation of the Philly Lutaya initiative (PLI) is the Cornerstone in sensitization and education about HIV/AIDS Prevention and Care. It is composed of 40 women, men & some children who perform with the group on weekends and during holidays. Most of PLI members are people who have tested positive and are willing to give testimonies on their experience before and after Voluntary Counselling and Testing, its advantages and disadvantages, the psychosocial stages one passes through before coping to living positively with AIDS. This group has reduced stigma among the population, this can be measured by the number of people attending the clinic, since November, 1133 have reported for VCT and 834 clients have registered in the year for care and support.

**Activities 16:** 50 CCA's under went one week training in mobilisation for PMTCT.

**Activity 17:** St. Francis Health Care staff/volunteers under go training every end of the year when activities are few.

**Activity 18:** The numbers of outreach sites have increased from 12 to 22. Our mobile home care team goes out on Mondays, Wednesdays, Thursdays and Fridays. During this period Counselling home care outreaches were 634 and medical home care outreaches were 1126. year. The difference between the number of homes visited above arises from the fact that the counsellors take longer while counselling a client and of course the family members.

**Activities 19,20,21,22&23:** These activities were not done due to lack of logistics and the fact that we had embarked on HIV/AIDS orphaned support program funded by Firelight Foundation USA.

**Activity 24:** Interaction with religious leaders was done to invigorate their earlier plans of constantly reminding their congregations about the scourge, visit those who are infected and affected and refer them for Voluntary Counselling and Testing. The counselling department and other management staff did such visits. 7 churches and 5 mosques were visited during the world AIDS campaign using the themes “ I CARE DO YOU?” and “ AIDS, MEN MAKE A DIFFERENCE”. This has led to religious leaders to include pastoral care for PHAs in basic Christian communities (BCC).

**Activity 25:** Many religious leaders have now taken on the role of visiting their lay members especially the sick to advise them to seek early health care and VCT.

**Activity 26:** Food was distributed to 488 adults and 156 children

Cornmeal 6,087 kgs  
Rice 1,028 kgs  
Beans 4,400 kgs  
Cooking oil 1,000 litres  
Sugar 2105 kgs

**Activity 27:** Community Counselling Aides had monthly meetings with the staff to review their reports and their work progress.

**Activity 28:** The Drama group did 22 Sensitization/video shows in the community and 15 shows were performed in 15 schools. These sensitization dramas focussed on practices that predispose people to HIV infection, care and support for PHAs, stigma and discrimination, condom promotion, PMTCT, VCT and the plight of orphaned children.

**Activity 29:** Mobile AIDS Care was done 4 times a week per outreach:

No of outreaches: 22

No. of homes visited by the counselling department : 634

No. of homes visited by the medical department : 1126

**Activity 30: Monitoring:** The Program Coordinator conducted 8 support supervision visits in the community to monitor the progress of the outreach centres.

**Activity 31:** Procurement of drugs was done on 3 months basis through out the year. During this period there were no stock-outs of any essential drugs this includes free T.B drugs supplied by Mukono District National T.B & Leprosy programme.

**Activity 32:** Referrals: 28 clients were referred to Jinja, Mulago national referral Hospital, Nyenga missionary hospital, Joint clinical research centre and Mildmay international Kampala for specialised treatment.

**Activity 33:** Needs assessment of HIV/AIDS orphaned children was done.  
No. of pediatric AIDS cases registered with us during this period , are 186 children  
No. of orphaned children identified to date, are 600.  
An orphan needs assessment was conducted by a consultant from African development initiatives, Mr. Muiyiya Musoke and a report compiled.  
Mr. Musoke Muiyiya and the Program Coordinator visited a number of OVC's Projects including AMREF Luwero in Butuntumura Subcounty.

**Activity 34:** Financial supports for IGAs was extended to 108 orphan carers and was funded by Firelight Foundation (a total of USD 5000).

**Activity 35:** Aids Coordination Committees consisting of local council members and civil servants were formed in 2000/2001. Many of them have since lost their positions in the elections, which were held in March 2002. Those who remained are still involved in AIDS work. The government is trying to revitalize the AIDS committees right from the District to the village level.

**Activity 36:** Reviewing of the AIDS Coordination Committees did not take place as the electoral process interfered with our programs.

**Activity 37:** Records were properly kept. The Data in this report is as a result of the records kept.

**Activity 38:** Only the CCA's were trained in D&C. 50 CCA's attended the 3-day documentation and communication (D&C) skills workshop.

**Activity 39:** Records were collected and recorded and annual report compiled.

**Activity 40:** The external evaluator has made a report on the evaluation and the orphan needs assessment.

Activities not originally planned.

1. Laboratory services were initiated for mainly HIV Testing, but malaria, TB, stool and Urine investigations were also introduced to ease movements of the clients. A total of 1133 people have been tested for HIV, 306 for Malaria, 60 for TB.
2. The number of outreaches were increased from 12 to 22, so as to reach as many people as possible in the distant villages who otherwise would not access the services. In those centres /sites we carry out HIV/STD counselling and testing, and treatment.
3. The PHA drama group attended a candle light memorial in Jinja and Mukono. This was in memory of those who died of AIDS.

4. We organized an annual thanksgiving get together with our clients and well wishers on 20<sup>th</sup> December 2001 at centre. Approximately 600 clients attended the function.
5. In March 2002, the area MP. Donated an ambulance to us, and a hand over ceremony was organised.
6. A group of 15 midwives were trained at our centre in PMTCT using Neverapine by the women treatment action group ( an NGO in Kampala), and at the end of one week they were given kits to use in their clinics.
7. 120 health education talks were conducted both at the centre and at outreaches.
8. 3 Radio phone in sensitization talk shows involving answering questions about HIV/AIDS/STD's were held on FM Radio stations in Jinja which covers our catchment area of operation.
9. There were 3 Community AIDS initiatives (CHAI) formed.

**Routine activities: (Monday-Saturday)**

1. On going Counselling- 5416 people were counselled and 19,338 sessions were conducted
2. Home visits: 634 Home visits were made by the counsellors and 1126 home visits were made by the medical department.
3. VCT: 1133 people reported for HIV/STI Voluntary Counselling and Testing (VCT).
4. Drama activities: 96 drama rehearsals and 37 shows in the outreaches.

**B. Findings**

**MEDICAL SUPPORT JAN 2002- DEC 2002.**

**Introduction.**

St. Francis Health Care Services is a day care center dealing mainly with HIV/AIDS patients but also cares for non-HIV/AIDS patients. It is now located on Owen Road plot No. 5 Njeru Town Council, Mukono District. It operates in Buikwe North sub-health District (Mukono District), Jinja District and even clients referred to us from health units from neighbouring Districts e.g. Kamuli, Iganga and Kayunga are given services.

From Jan. 2002- December 2002, the total number of new sero-positive clients was 790. Of these, children were 96, female adults were 477 and male were 217.

The following activities are carried out at the center:

- There are two clinic days (Tuesday & Thursday) in a week during which clients get counseled and they are treated according to the ailments they present with.
- On Mondays, Wednesday, Thursday and Friday are out reach days. Medical team with counselors undertakes these outreaches and also does home care visits for the bedridden clients. On Monday another site has been added onto the schedule on the request of a growing AIDS service organization called Nyenga Sub-county AIDS Community initiative (NSACI) located in Buziika B parish, Njeru town

council. Thursday is now both a clinic and outreach day in view of the ever-increasing number of bedridden clients. Places visited are as follows: Buziika, Kiryowa, Bukaya, Njeru south aids initiative programme (NSAIP), NSACI in Buziika B, Mbiiko, Nakibizi, Naminya, Konko, Walukuba, Wairaka, Bugembe, Jinja town, Kirugu, Mpumudde, Kalagala and Kitigoma. The medical team comprises of the following: 2 medical Doctors, 1 medical assistant, 2 nurses and 2 volunteer PLWAs who help at the reception.

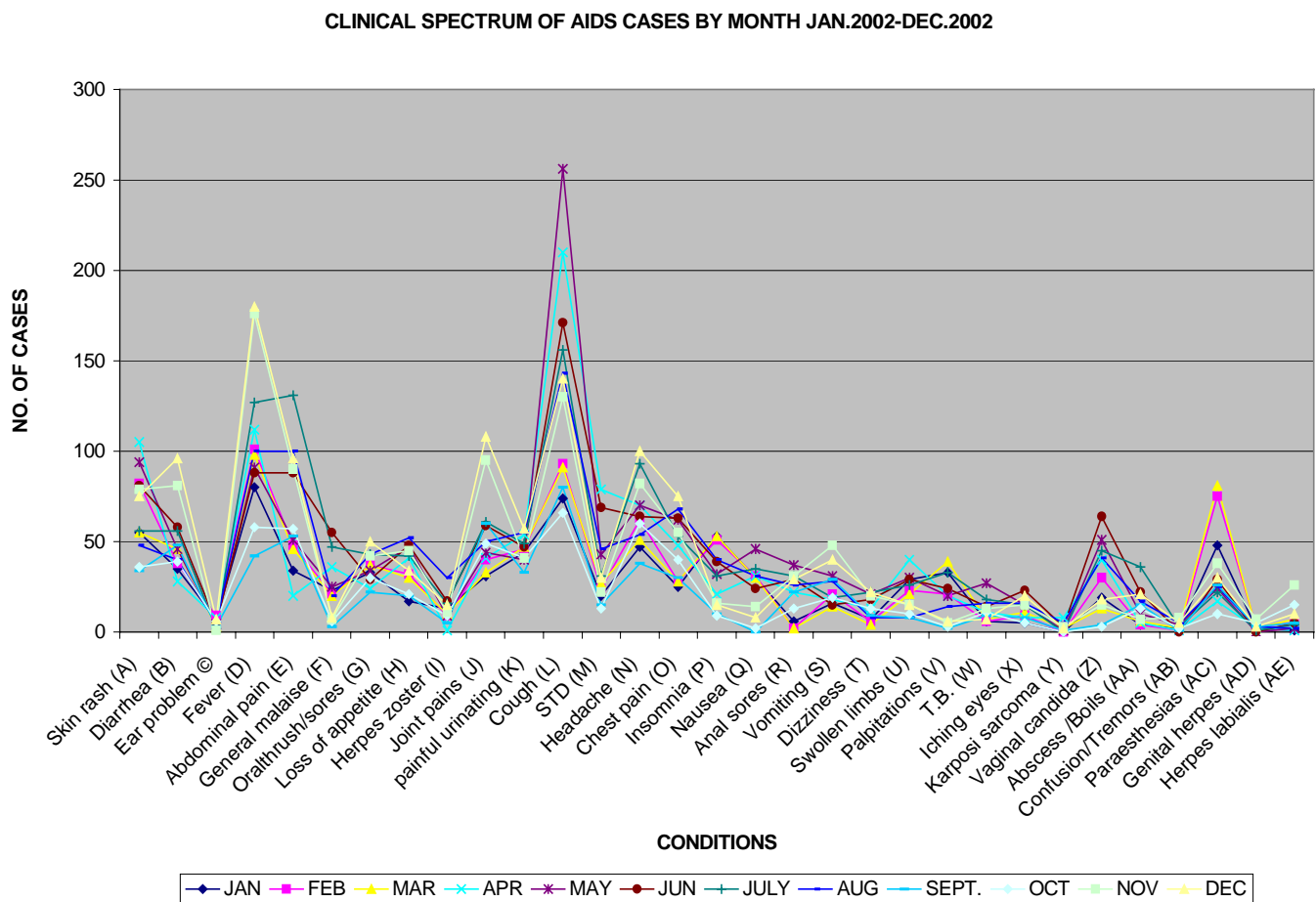
TABLE 1.

CLINICAL SPECTRUM OF AIDS CASES BY MONTH JAN.2002 TO DEC.2002													
CONDITION	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT.	OCT	NOV	DEC	TOTAL
Skin rash (A)	55	82	55	105	94	81	56	48	34	36	79	75	800
Diarrhea (B)	35	38	46	28	46	58	56	40	48	39	81	96	611
Ear problem ©	7	9	3	8	4	5	2	5	3	6	1	7	60
Fever (D)	80	101	98	112	91	88	127	100	42	58	176	180	1253
Abdominal pain (E)	34	48	46	20	51	88	131	100	53	57	90	96	814
General malaise (F)	23	21	20	36	25	55	47	20	3	6	7	8	271
Oral thrush/sores (G)	33	37	37	24	34	29	43	43	22	30	42	50	424
Loss of appetite (H)	17	32	30	41	47	48	42	52	20	21	45	34	429
Herpes zoster (I)	13	9	10	1	9	17	16	30	5	9	11	15	145
Joint pains (J)	31	40	33	41	44	59	61	50	60	49	95	108	671
painful urinating (K)	44	46	47	54	40	47	49	55	33	41	41	57	554
Cough (L)	74	93	91	210	256	171	156	143	80	66	130	140	1610
STD (M)	20	24	27	79	43	69	31	46	15	13	22	30	419
Headache (N)	47	62	51	70	70	64	93	54	38	60	82	100	791
Chest pain (O)	25	28	28	48	62	63	53	68	30	40	55	75	575
Insomnia (P)	53	51	53	21	32	39	31	40	10	9	16	15	370
Nausea (Q)	30	31	30	31	46	24	35	31	0	2	14	8	282
Anal sores (R)	6	2	2	22	37	29	31	26	22	13	31	29	250
Vomiting (S)	16	21	14	18	31	15	19	28	29	19	48	40	298
Dizziness (T)	7	6	4	13	21	18	22	8	9	13	20	22	163
Swollen limbs (U)	29	23	21	40	30	29	26	8	8	10	15	15	254
Palpitations (V)	33	21	39	20	20	24	33	14	2	3	5	6	220
T.B. (W)	6	6	7	11	27	14	18	16	9	11	13	7	145
Itching eyes (X)	5	9	11	8	15	23	15	16	8	5	15	20	150
Karposi sarcoma (Y)	0	0	2	8	1	3	0	5	1	0	3	2	25
Vaginal candida (Z)	19	30	13	40	51	64	45	41	4	3	15	18	343
Abscess /Boils (AA)	4	4	6	5	10	22	36	17	15	13	7	21	160
Confusion/Tremors (AB)	2	1	2	1	4	0	3	5	1	2	8	5	34
Paraesthesias (AC)	48	75	81	17	24	29	22	25	26	10	38	30	425
Genital herpes (AD)	2	3	2	2	0	0	1	3	3	5	7	3	31
Herpes labialis (AE)	1	5	7	1	2	5	4	2	5	15	26	10	83

The commonest conditions have been skin rash, fever, cough, headache, Joint aches, Diarrhea and abdominal pain. Graph 1 below shows the clinical spectrum by month

during January-02 to December-02. The following can be deduced from this graph; the most prevalent conditions i.e. skin itching, fever, cough, headache, diarrhea, abdominal pain and joint pains among others, occurred during November-December, and were least prevalent in August, September and October. The above months i.e. November-December coincided with the boost of emergency fund. Also these coincided with the rainy season which is associated with conditions like malaria, cough etc. The months, August, September and October 2002 coincided with the period when the funding cycle was over. Graph 2 shows total cases/condition/month Jan.-02 to Dec-02. From this graph the following were noted; the T.B figures have decreased as the majority of the old T.B cases have completed treatment. In general all the other mentioned conditions have increased due to these other facts; availability of an ambulance donated to the center by the area Member of Parliament, overall increase in the total number of clients being cared for, drama & VCT activities have further reduced stigma in the community. But also specifically due to the reduced number of outreaches/ Home visits (especially during the period of September to November) carried out during this period.

GRAPH 1.



GRAPH 2.

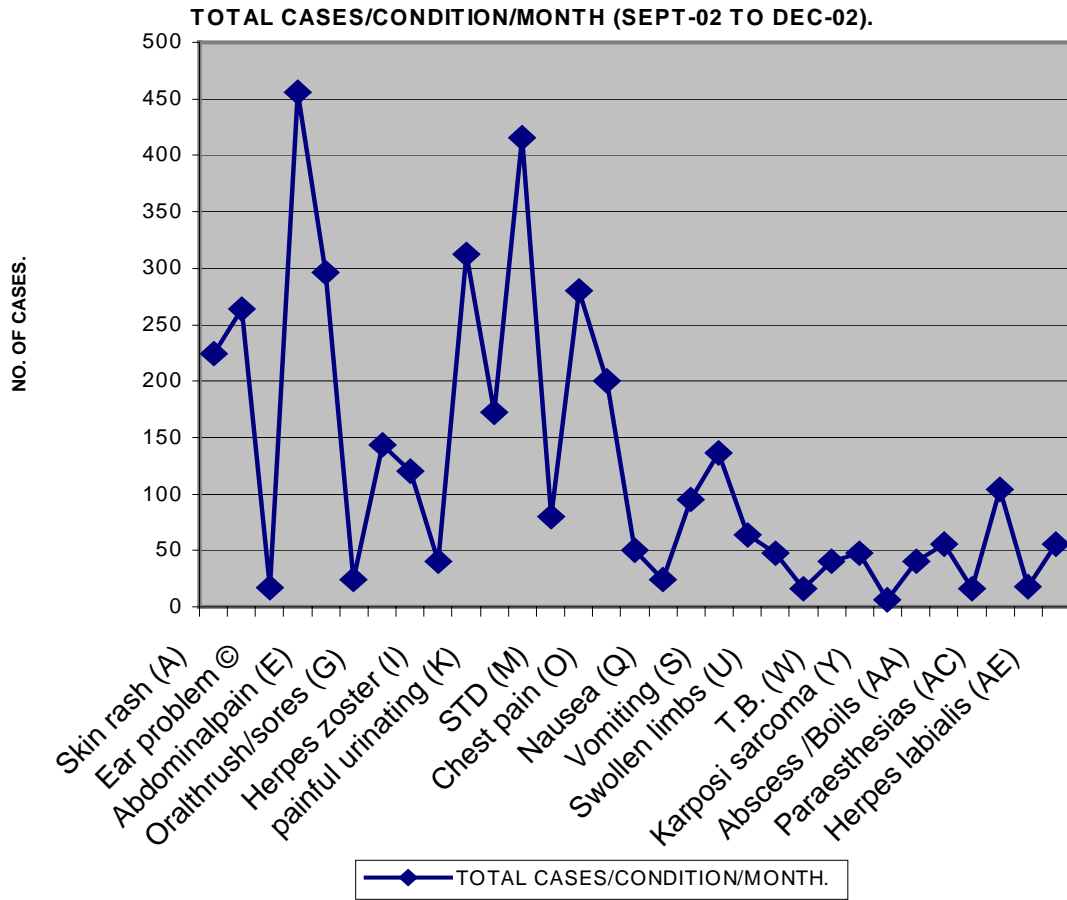


TABLE 2:

THE TABLE BELOW SHOWS THE NO. OF NEW OUT-PATIENTS (NOT HIV POSITIVE) BY AGE /SEX/MONTH TREATED BY THE CENTRE JAN.2002- DEC.2002.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP T	OCT	NOV	DEC
<15 YEARS	27	22	24	30	27	72	37	50	45	58	60	55
>15YEAR S	57	52	36	57	70	92	64	84	70	79	75	77
TOTAL	84	74	60	87	97	164	101	134	115	137	135	132

Table 2 above shows that the number of non-HIV positive patients seeking our services showed a rising trend over the past year. This is attributed to the following reasons:

- Decrease in stigma where by people no longer mind being treated together with HIV/AIDS patients.
- Good medical & lab services for the non-HIV patients accessing our clinic.
- Widespread publicity & sensitization talks conducted over time in the community by the medical and drama group during VCT outreaches. See graph 3 below:

GRAPH 3:

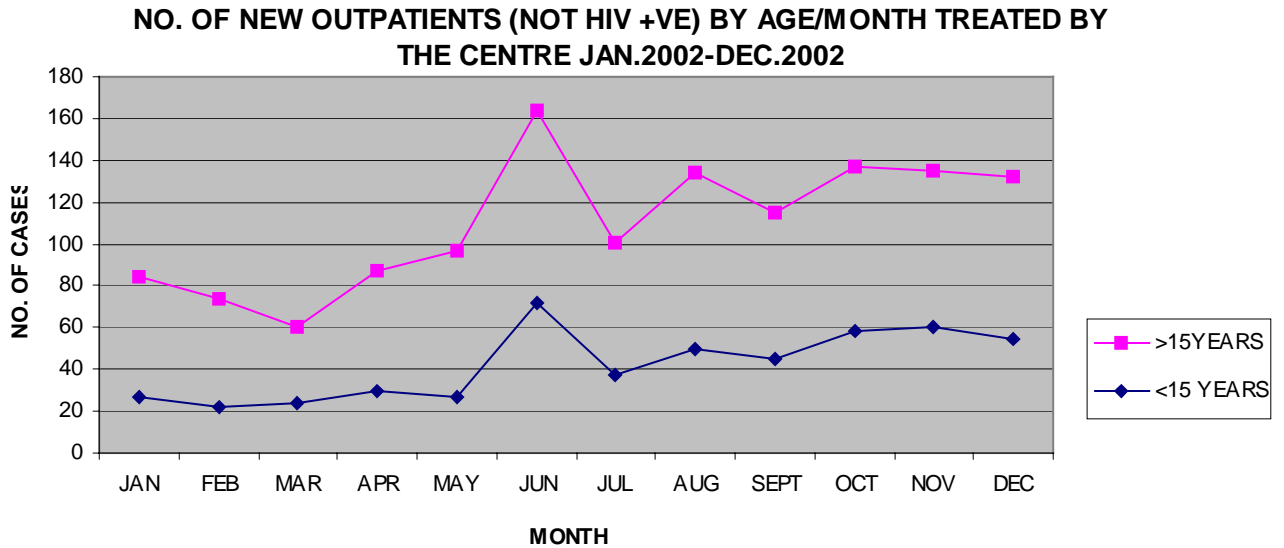


TABLE 3.

**REPORTED AIDS CASES PER MONTH JAN.2002-DEC2002**

	Children	Adult (M)	Adult (F)	Total
JAN	27	116	304	447
FEB	47	109	241	397
MAR	39	52	130	221
APR	88	146	402	636
MAY	101	223	463	787
JUNE	46	151	340	537
JULY	50	131	327	508
AUG	65	145	388	598
SEPT	70	135	295	500
OCT	50	148	300	498
NOV	45	195	280	520
DEC	40	115	345	500

Table 3 above shows that during the period September to December 2002, the number of AIDS cases seeking our services reduced. This can be linked to the reduced outreaches undertaken during this period. The main reasons being the ending of the funding cycle in September 2002.

Women were still more as compared to men and children, but the numbers are now stabilizing. Please refer to graph 4 below.

GRAPH 4:

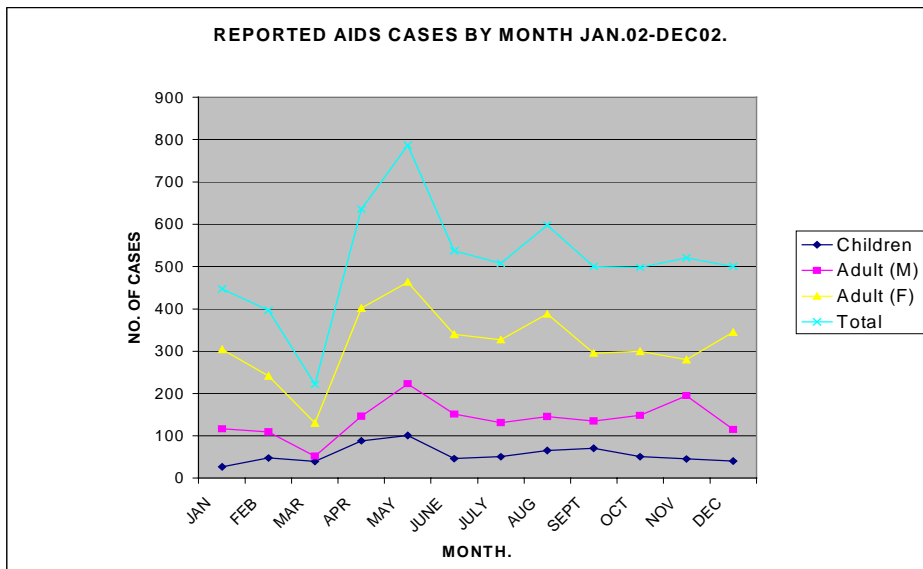


TABLE 4:

NO. OF NEW HIV +VE CASES BY AGE/SEX PER MONTH JAN.02-DEC.02

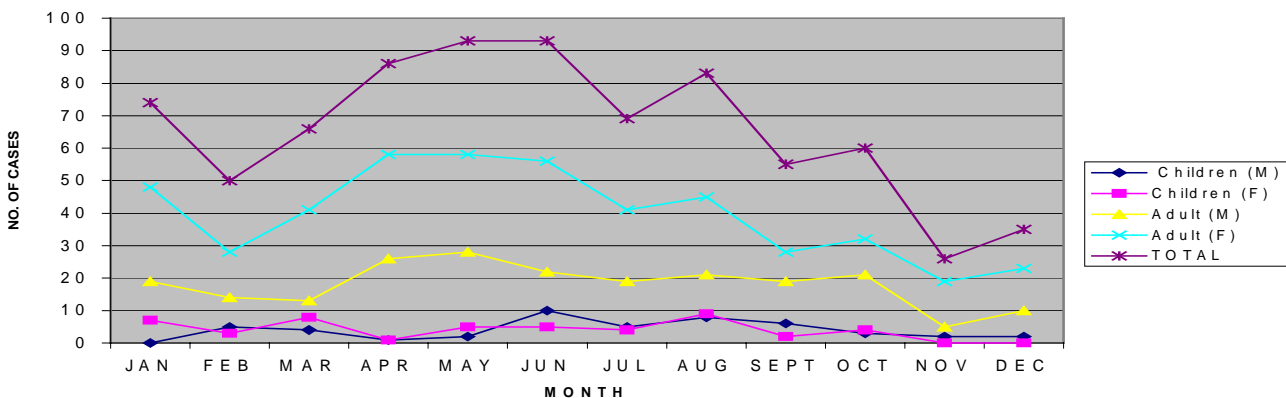
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Children (M)	0	5	4	1	2	10	5	8	6	3	2	2
Children (F)	7	3	8	1	5	5	4	9	2	4	0	0
Adult (M)	19	14	13	26	28	22	19	21	19	21	5	10
Adult (F)	48	28	41	58	58	56	41	45	28	32	19	23
TOTAL	74	50	66	86	93	93	69	83	55	60	26	35

Table 4 shows that during the period September 2002 to December 2002, there was a decline in the number of new HIV/AIDS clients seeking our services. This can be attributed to;

- Reduced home care/visits due to the financial constraints experienced during that period.
- No food distribution during this period because the funding period had ended (30<sup>th</sup> September 2002). Please refer to graph 5 below.

GRAPH 5:

NO. OF NEW HIV +VE CASES BY AGE/MONTH JAN.02-DEC.02



**TABLE 5.****COMPARISON BTN 7 RANDOMLY SELECTED CLINICAL SPECTRUM OF NEW & OLD HIV/AIDS CASES EXPRESSED AS A % OF THE TOTAL NEW OR OLD HIV/AIDS CASES BTN APRIL –AUG.2002.**

DISEASES	APRIL		MAY		JUNE		JUL		AUG	
	NEW	OLD	NEW	OLD	NEW	OLD	NEW	OLD	NEW	OLD
SKIN ITCHING (A)	51	9.6	51.6	5.8	57	5.2	58	3.1	43.3	2
DIARRHOEA (B)	23	1.3	33.3	1.9	33.3	5	39	5.7	21.7	3.7
FEVER (D)	48	11	62.4	4.2	79.6	2.6	123	8.3	59	8.5
PAINFUL URINATING (K)	36	3.6	25	2	19.4	5.4	48	3.2	27.7	3.7
VOMITING (S)	2.3	2.5	10.7	2.7	2.2	2.4	2.9	3.5	1.2	4.5
PULMONARY T.B. (W)	5.8	0.9	5.4	0.5	4.3	1.9	8.7	2.4	6	3.3
PARAETHESIAS (AC)	4.6	2	10.8	1.8	18.3	2.2	19	1.8	14.5	2.2

Table 5 above shows the comparison between seven randomly selected clinical spectrum cases of new and old HIV/AIDS cases expressed as a % of the total new or old HIV/AIDS cases between April 2002 to Aug 2002. From this table and the corresponding graph 6 below, it can be noted that the old/continuing clients have markedly fewer complaints of opportunistic infections (O.Is) as compared to the new clients (in this particular case less than 4 months). In short graph 6 and table 5 serve to show that continuing treatment at the center/home visit outreaches markedly helps to decrease opportunistic infections. This is true so long as one doesn't come in extremely advanced stages of AIDS e.g. cryptococcal meningitis, extensive Kaposi sarcoma etc. Another important point to note is that clients who attend on going counseling and thus live positively have fewer complaints of O.Is as compared to those who are erratic in their treatment seeking behaviour and/or do not live positively. Please note Graph 6 below.

GRAPH 6.

**COMPARISON BTN 7 CLINICAL SPECTRUM CASES OF NEW & OLD HIV/AIDS CASES EXPRESSED AS % OF THE TOTAL NEW OLD HIV/AIDS CASES BTN APR- AUG-02.**

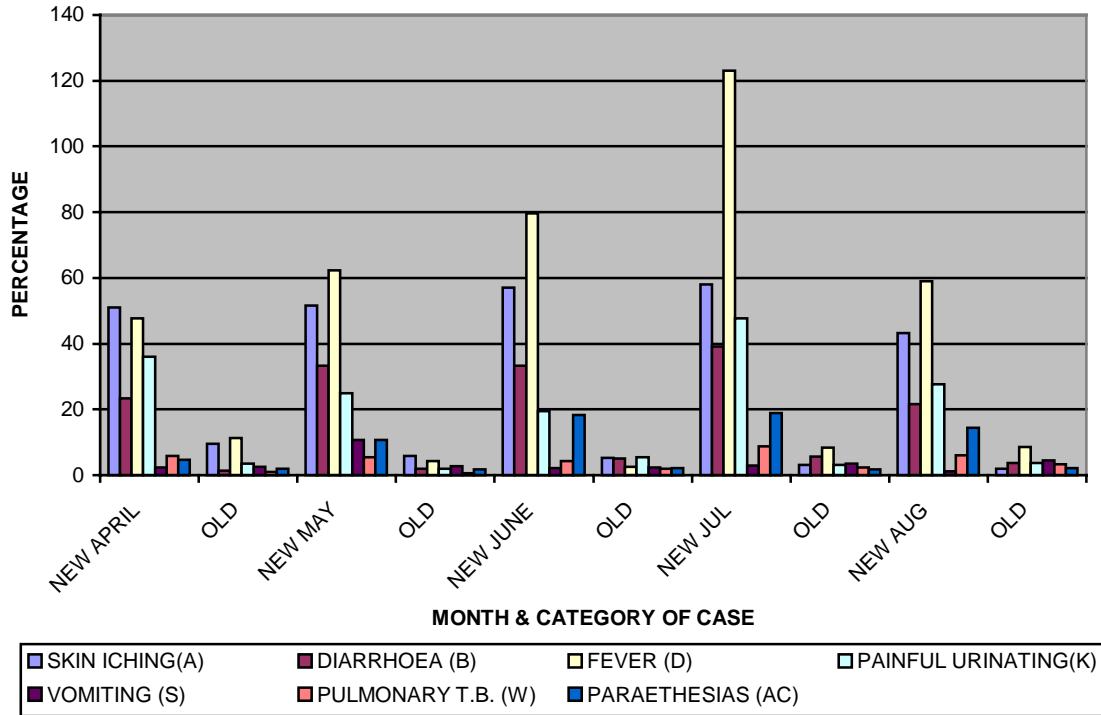


TABLE 6

**COMPARISON BETWEEN 7 RANDOMLY SELECTED CLINICAL SPECTRUM OF CASES OF NEW & OLD HIV/AIDS CASES AS A % OF THE TOTAL NEW OR OLD CASES OVER THE PERIOD BETWEEN SEPT.02 TO DEC.02.**

DISEASES	% reported in new cases	% reported in old cases
SKIN ITCHING (A)	30	10.1
DIARRHOEA (B)	36	10.5
FEVER (D)	50	17
PAINFUL URINATING (K)	45.5	6.1
VOMITING (S)	27.3	4.4
PULMONARY T.B. (W)	15.3	2.3
PARAESTHESIAS (AC)	4.5	3.2

Just as in the previous case, Table 6 above goes on to show the comparison between seven randomly selected clinical spectrum cases of new and old HIV/AIDS cases

expressed as an average % of the total new or old HIV/AIDS cases between September to December 2002. From this table and the corresponding graph 7 below, it can be noted that the old/continuing clients have markedly fewer complaints of opportunistic infections (O.Is) as compared to the new clients (in this particular case less than 4 months). In short graph 7 and table 6 serve to show that continuing treatment at the center/home visit outreaches markedly helps to decrease opportunistic infections. This is true so long as one doesn't come in extremely advanced stages of AIDS e.g. cryptococcal meningitis, extensive Kaposi's sarcoma etc. Another important point to note is that clients who attend on going counseling and thus live positively have fewer complaints of O.Is as compared to those who are erratic in their treatment seeking behaviour and/or do not live positively. Please note Graph 7 below.

GRAPH 7.

**COMPARISON BTN 7 CLINICAL SPECTRUM OF CASES OF NEW & OLD HIV/AIDS CASES AS A % OF THE TOTAL NEW AND OLD CASES OVER THE PERIOD SEPT-02 TO DEC-02.**

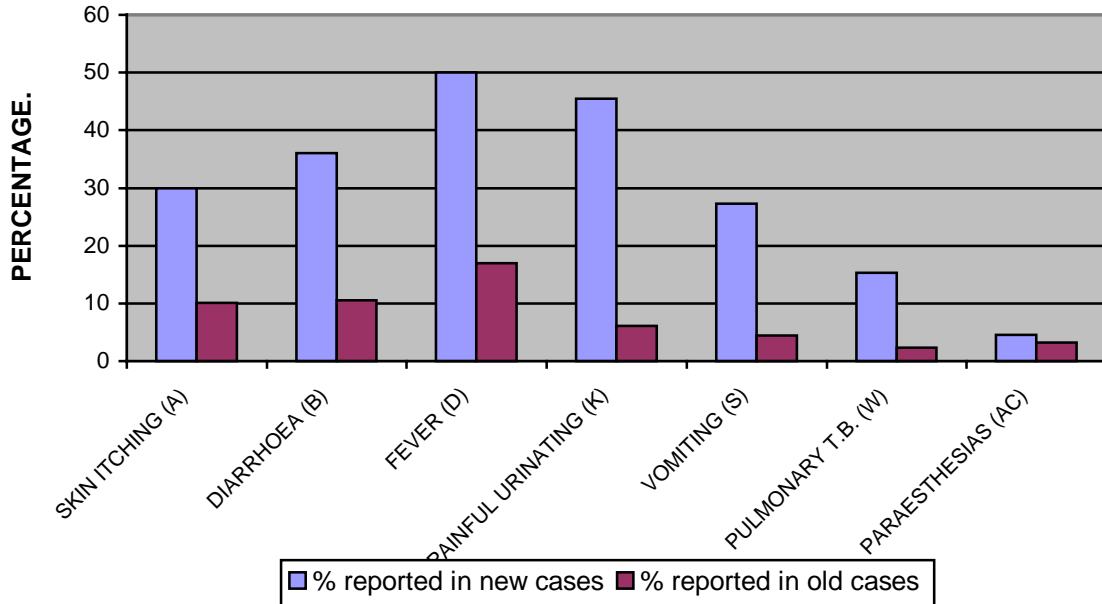


TABLE 7.

REFERRALS TO JINJA, NYENGA, MULAGOHOSPITALS, MILDMAY INTERNATIONAL & JOINT CLINICAL RESEARCH CENTRE KAMPALA IN THE PERIOD JAN.02-DEC.02

MONTH	CONDITION	NO.CASES
JAN	Pulmonary T.B.	4
	Schistosomiasis	1
	Cryptococcal meningitis	1
	Severe malaria	1
	Persistent diarrhea & vomiting +severe dehydration	1
FEB	Bronchopneumonia	1
	Diarrhoea and vomiting with severe dehydration.	1
	Cryptococcal meningitis	3
	Pulmonary T.B.	1
	Karposis sarcoma	1
MAR	Severe anaemia	1
	Pulmonary T.B.	5
	Severe malaria R/o meningitis	1
APR	Pulmonary T.B. with pleural effusion.	1
	Cryptococcal meningitis	1
MAY	Karposis sarcoma	1
JUNE	Cryptococcal meningitis	1
JULY	No case referred.	0
AUG	Lymphoma	1
	Pulmonary T.B.	1
SEPT	Liver cirrhosis in HIV	1
OCT	Cryptococcal meningitis	1
NOV	Cryptococcal meningitis	1
	Karposis sarcoma	2
DEC	No case referred.	0
	Total No. of Referrals	33

Table 7 above shows referrals to nearby Hospitals namely Jinja and Nyenga hospitals in the period January to December 2002. It was noted that the commonest referred case was cryptococcal meningitis. These cases were referred due to the associated complications that was life threatening. The other cases referred were Karposi's sarcoma and liver cirrhosis in HIV/AIDS. The reason for this is that the center can not afford the drugs or the facilities to treat these terrible O.Is. All these cases above were referred due to their life threatening complications. Graph 8 below shows the trend of referrals during the period January to December 2002.

GRAPH 8.

TREND OF REFERRALS FOR THE PERIOD JANUARY TO DECEMBER 2002.

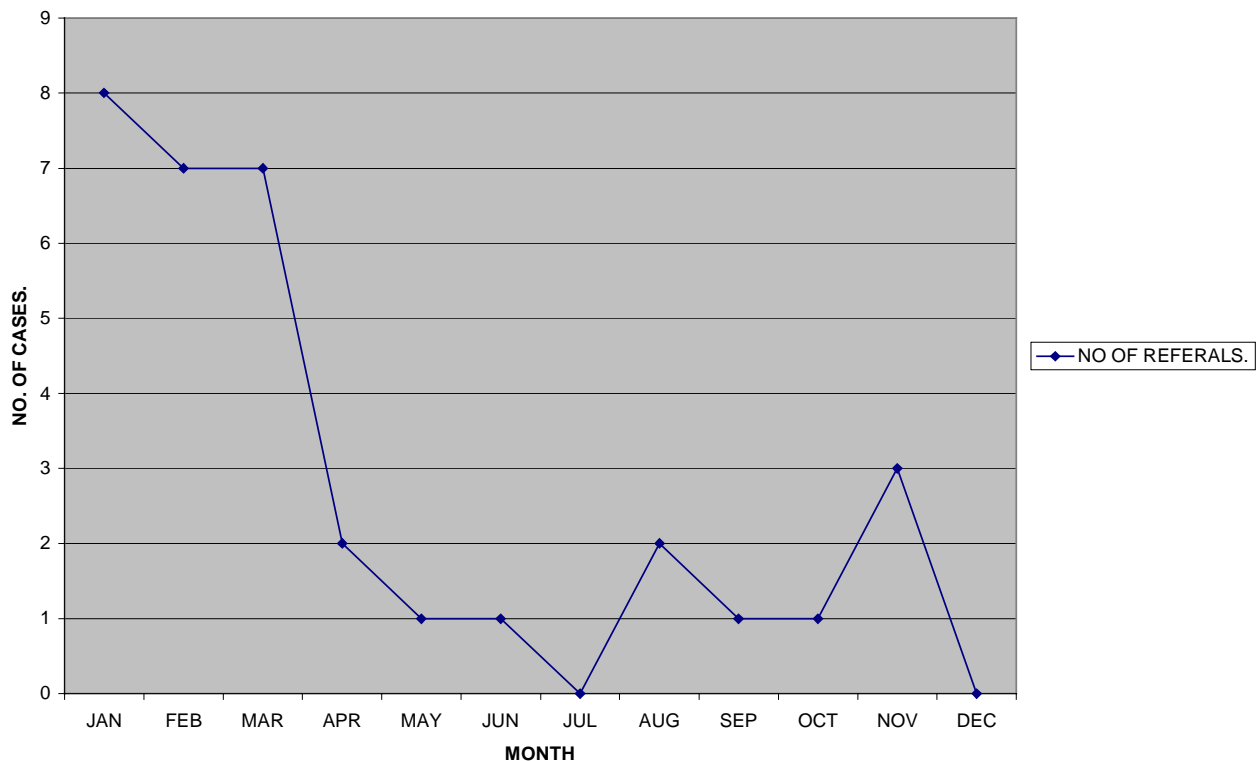


TABLE 8:

HOMES VISITED BETWEEN JAN. 2002- DEC. 2002.

MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
NO. OF HOMES	120	89	89	95	106	115	99	106	55	59	64	61	1058

Table 8, shows the homes visited between January 2002 and December 2002. From this table and graph 9 below, it was noted that from September 2002 to December 2002 the number of home visited have shown a marked decline as this period coincided with the end of the funding cycle.

GRAPH 9.

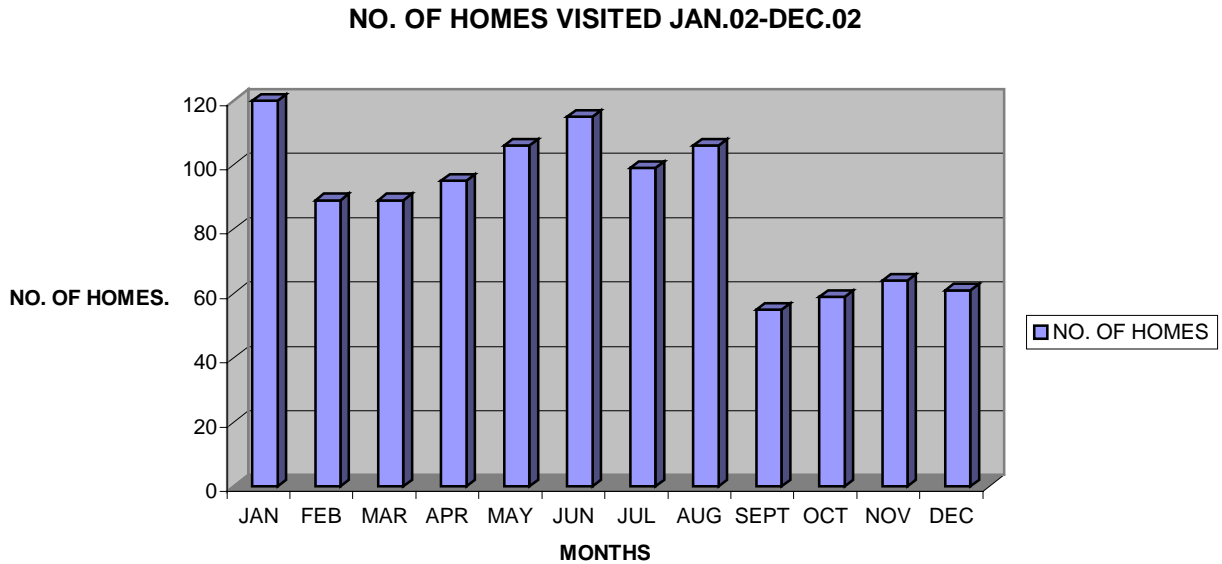


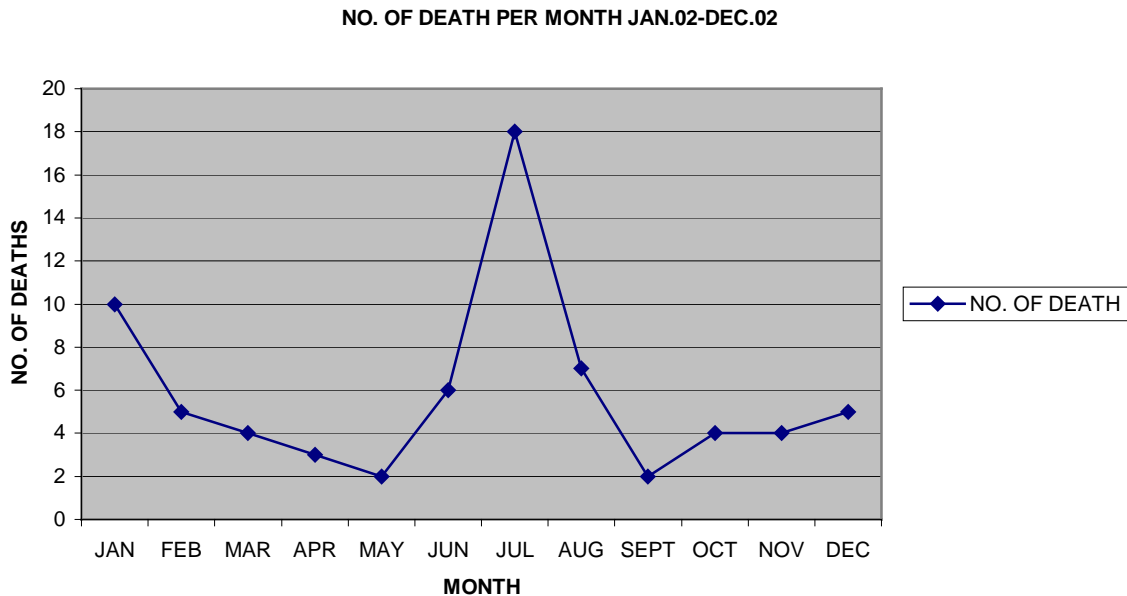
TABLE 9:

**TABLE BELOW SHOWS NO. OF DEATH/MONTH JAN. 2002-DEC. 2002.**

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
NO. OF DEATH	10	5	4	3	2	6	18	7	2	4	4	5

Table 9 above shows the number of death/month January 2002 to December 2002. During the period September to December, less clients died as compared to the period June – August 2002. This can be attributed to the increased number of home visits and outreaches under taken just before the funding cycle ended. The majority of the deaths registered during this time were mainly terminally ill new HIV/AIDS patients. Graph 5 gives a clear view of how sick the new clients are as compared to the old clients and thus it comes as no surprise that most deaths registered were of terminally ill new HIV/AIDS clients. Please note Graph 10 below.

GRAPH 10.



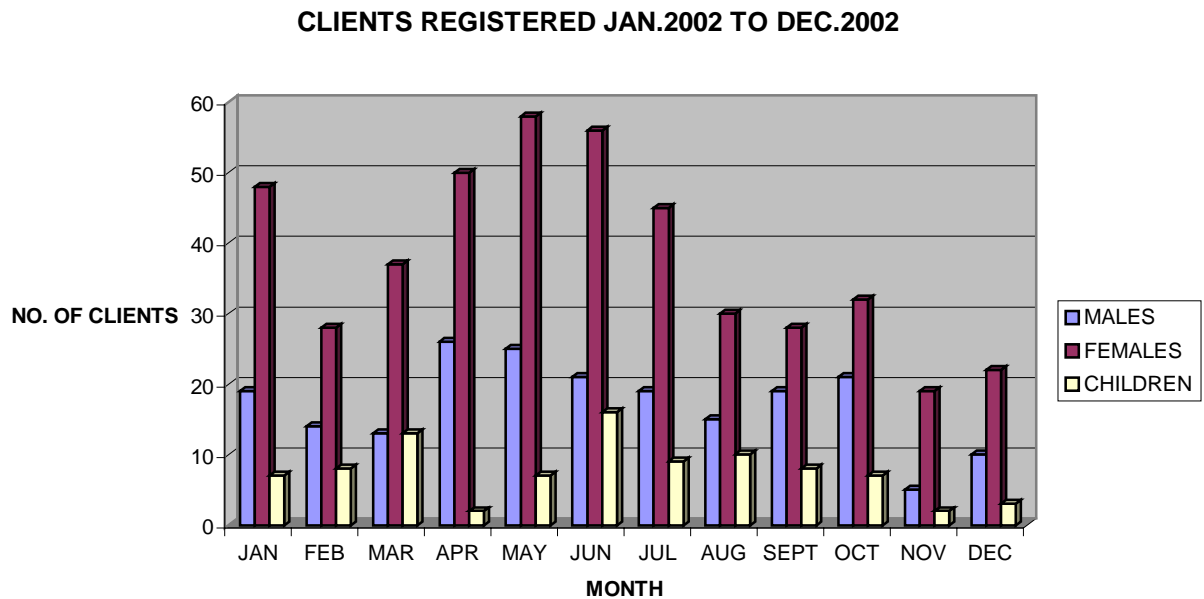
### **SUMMARY OF RECOMMENDATIONS.**

- As noted in the previous reports, there is need to urgently acquire more medical equipment in order to catch up with the medical requirements currently being faced at the center. For example, an autoclave to sterilize such equipment like lumbar puncture sets, incision and drainage sets, fridge to store drugs like vincristine, doxorubicin and amphotericin B which are a pre-requisite in the management of Karposi's sarcoma and Cryptococcal meningitis respectively, vaccines since many children <5yrs are being treated at the center and require immunization.
- The center still requires to access subsidized life saving drugs like acyclovir, gancyclovir, fluconazole (fortunately government units, which are quite few, recently received a donation of this drug from Government of Uganda and it is strictly for use against Cryptococcosis and resistant oesophageal candidiasis). There is also need to access Nevirapine cheaply or better still as a donation, to assist in the fight against mother to child transmission of HIV (PMTCT). It should be noted that 15 private midwives were trained at the center and initially facilitated in early 2002 in administering Nevirapine to

pregnant mothers in labour. This was followed by a workshop in mid 2002 for 50 CCAs about PMTCT, in order that this information is disseminated to the community. The above workshops were undertaken in corroboration with Women's treatment action group (an NGO in Kampala fighting to avail ARVs to PLWAs who are pregnant through private midwives) and Global strategies for HIV respectively. Government PMTCT centers are currently in Mulago national referral Hospital, Mengo Rubaga and Nsambya hospitals in Kampala, Lacor Hospital in the north, Mbale Hospital in the east and Fortportal Hospital in the west. In the Jinja region there is none at all.

- There is an urgent need to acquire an up to date computer, and data entry/analyst clerk to keep track of the large amount of data and also to assist in its analysis thereafter. Also the need for Internet is now a necessity to improve on our networking and thus reduce on e-mail and Internet surfing expenses.
- The medical personnel need to be facilitated to attend the available short courses on HIV/AIDS in order to stay up to date with the current management and thus offer our clients with the best possible treatment at all times.
- The number of medical personnel needs to be increased due to the fact that currently the 2 part-time Doctors, 1 clinical officer, 2 nurses and 2 PLWAs volunteers care for about 2,450 registered clients. The quality of care is thus being impaired every time the clients increase and yet the number of medical personnel remains the same.

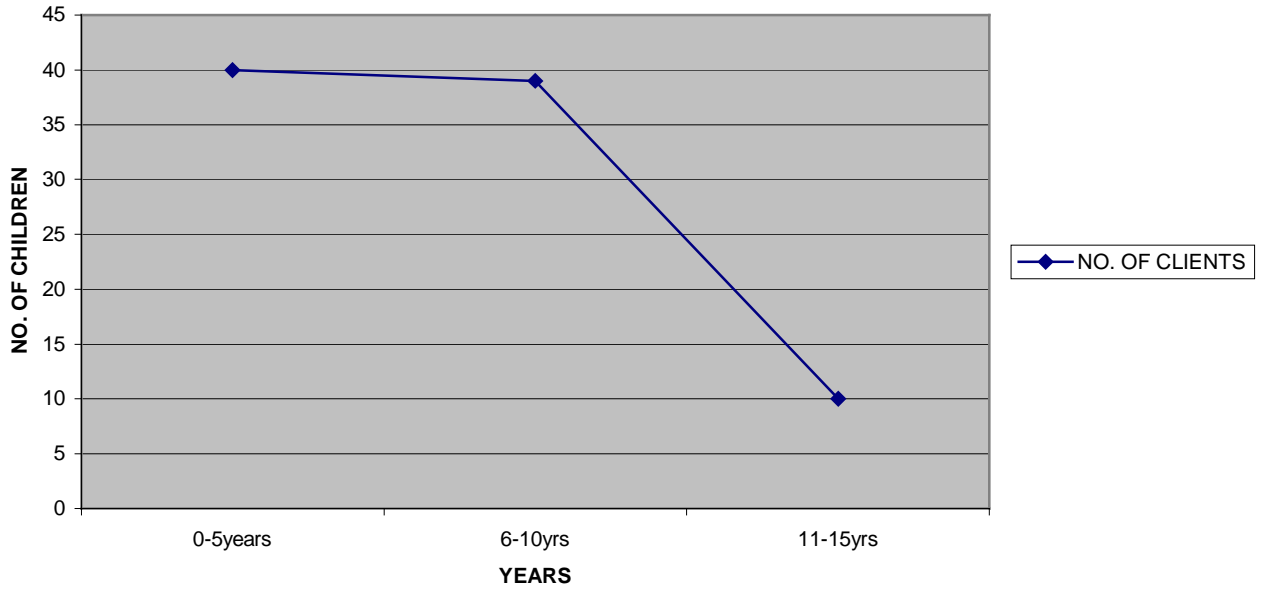
## AREA OF COUNSELING



GRAPH 1:

In 2002 a total number of 752 clients were registered 207 of whom were males, 453 females and 92 were children. This still indicates that females are more infected and affected. Also it can be due to the factor that women have early treatment seeking behaviour.

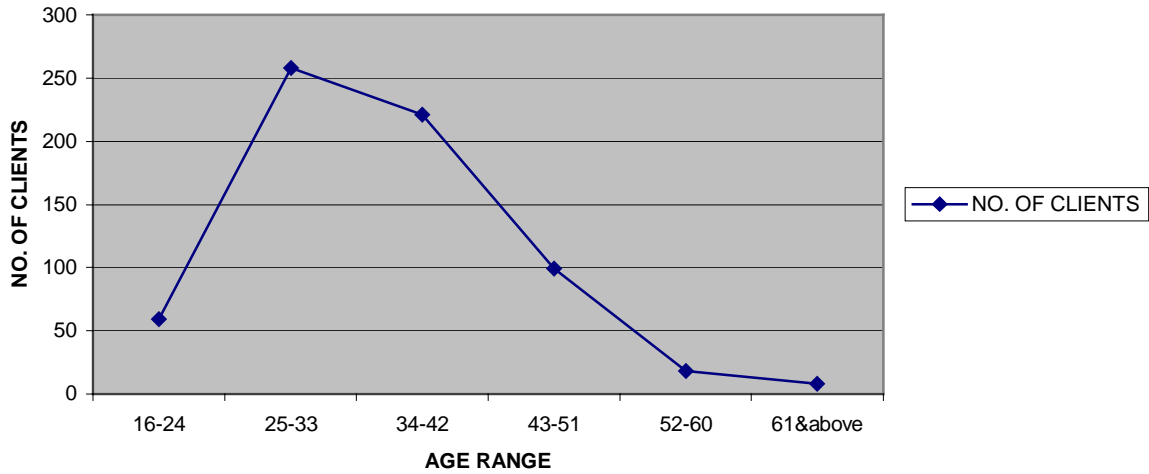
### AGE RANGE FOR CHILDREN REGISTERED JAN.2002-DEC.2002



GRAPH 2:

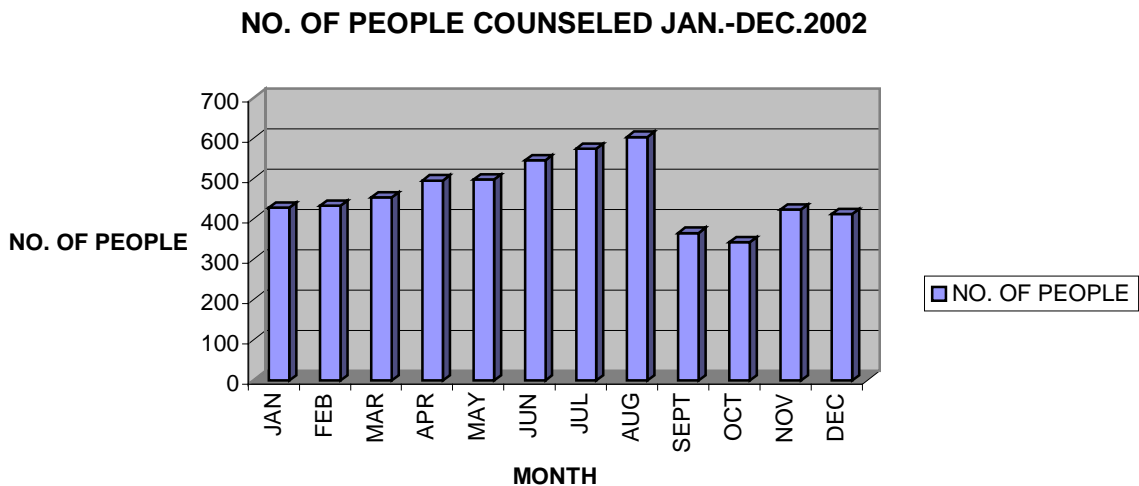
The majority of the children who were registered were between the age range of 0-5years and this explains the prevalence of Mother to Child transmission because as the age goes up the number of children infected goes down. Between 11-15 may be the children will have survived the infection and are not yet sexually active though some children have gone up this age with the virus they got from the mothers.

**AGE RANGE OF ADULT REGISTERED CLIENTS (YEARS) JAN.-DEC.2002**



**GRAPH 3**

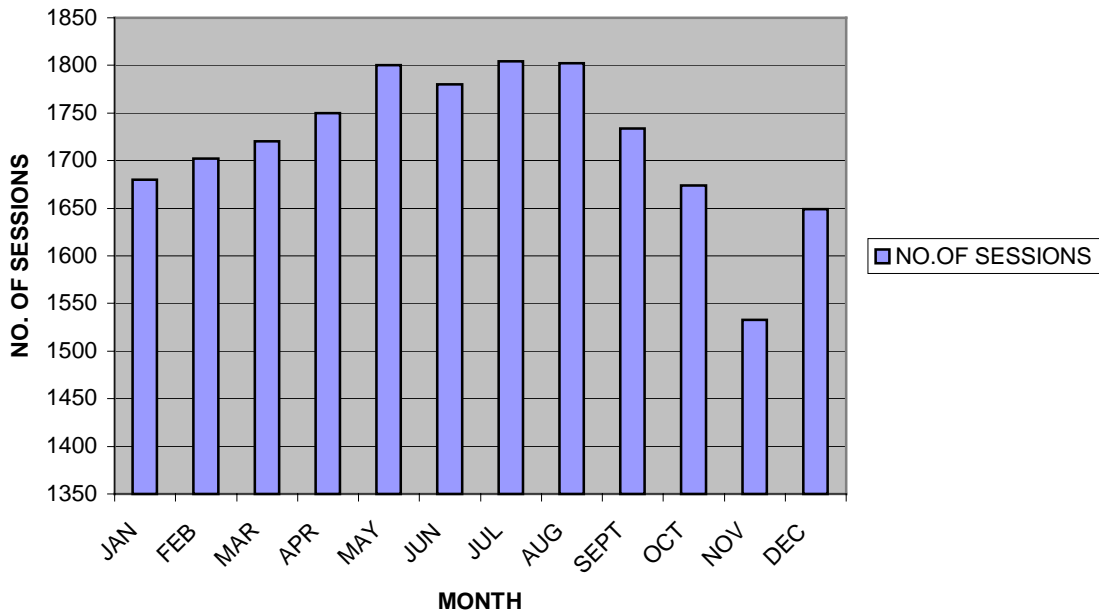
According to the graph the most affected and infected age range is that between 25-33 and 34-42. Since this is the age range which is child producing people here and bound to produce children who are her positive.



**GRAPH 4**

A total of 5570 people were counseled at the centre, in their homes and in outreach centres. The number of people has kept on increasing, due to the introduction of Voluntary Counseling and Testing services at the centre and the intensified community sensitization by the use of the drama group which is made of people living with HIV/AIDS.

**COUNSELING SESSIONS JAN.-DEC 2002**



GRAPH 5:

A total of 18,826 counseling sessions were conducted. The type of counseling offered ranged from pretest, posttest, ongoing and bereavement /counseling.

**HOMES VISITED IN JAN. TO DEC 2002**

MONTHS	NO OF HOMES
January	55
February	45
March	59
April	61
May	53
June	63
July	61
August	57
September	55
October	59
November	64
December	61

TOTAL	693
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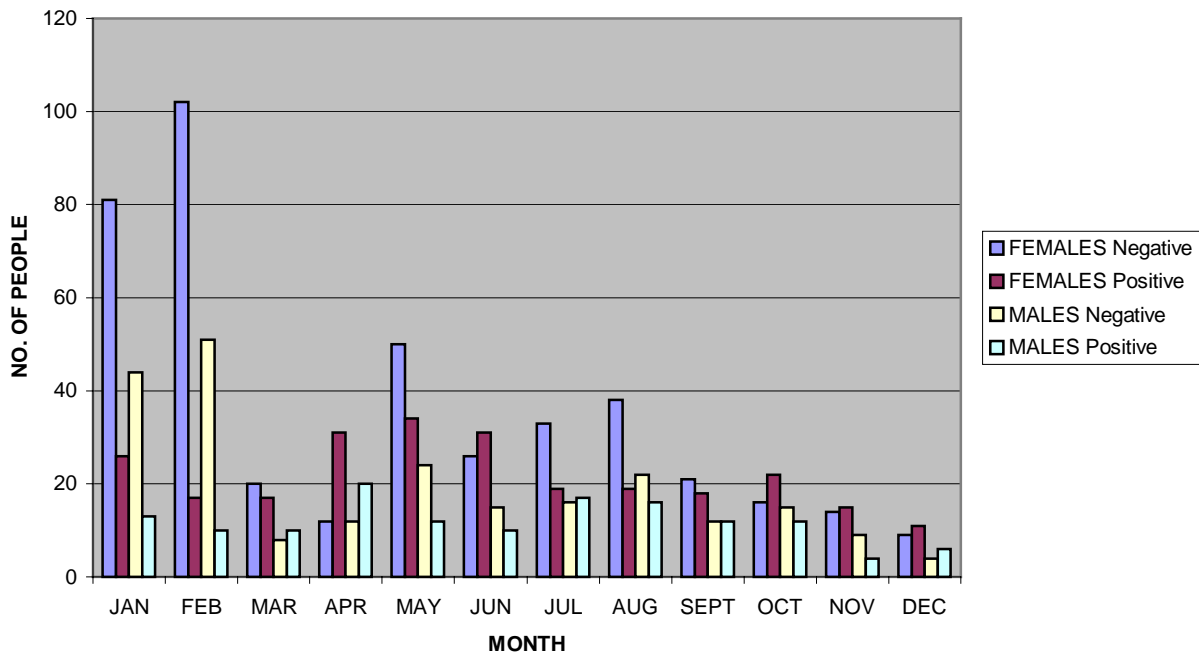
693 homes were visited and majority of these homes is within our catchment area. However, there has been an expressed need by most clients to be hindered by the limited resources of the organization.

**HEALTH EDUCATION TALKS**

Month	No. of talks
Jan	11
Feb	13
Mar	10
Apr	12
May	13
Jun	16
Jul	17
Aug	9
Sept	7
Oct	9
Nov	12
Dec	10

139 health education talks were conducted and some of these were about proper hygiene good feeding, condom use and seeking of early treatment for STD's.

**PEOPLE TESTED JAN 2002-DEC.2002**



GRAPH 6:

A total number of 1053 were tested from Jan to Dec 2002 of the 1053, 682 were females of these females 260 were positive. 371 were males and 142 of the males were positive.

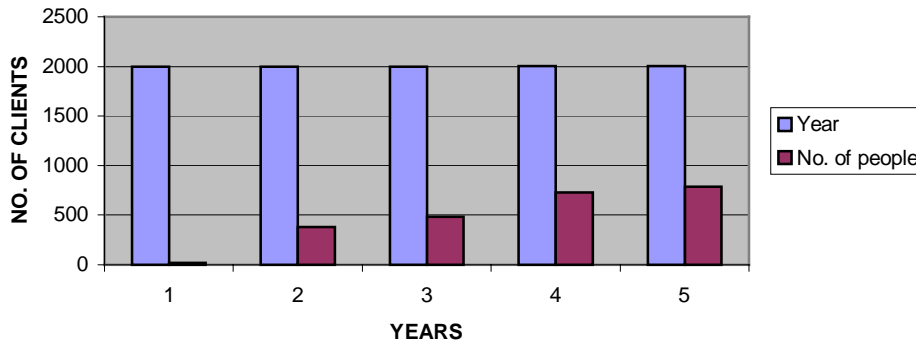
**TABLE SHOWING NUMBER OF PEOPLE TESTED JAN-DEC 2002**

FEMALES		MALES		TOTAL
NEGATIVE	POSITIVE	NEGATIVE	POSITIVE	
422	260	229	142	1053

**TABLE SHOWING SERO STATUS BY GENDER**

FEMALES		MALES	
+VE%	-VE%	+VE%	-VE%
64.6%	64.8%	35.3%	35.1%

**CUMULATIVE REGISTRATION FROM 1998-2002**



GRAPH 7.

According to the graph, it can be seen that from 1998, the number of clients has been increasing. In the graph above, Year 1 represents 1998 and year 5 represents 2002. In all the five years, it shows that women have been registered in big numbers.

**FINANCIAL STATEMENT**

**STATEMENT OF INCOME AND EXPENDITURE**

**FOR THE YEAR ENDING 31. 12. 2002**

A. Income;

◆ Bank bal. As at 31.12.2002	94,289,911=
◆ Mukono district Aids Account	360,000=
◆ Global strategies for HIV	5,229,900=
◆ Nderlande Regio Van decongregate	3,520,000=
◆ Firelight Foundation USA	27,038,900=
◆ Elton John AIDS Foundation Emergency Fund	14,174,589=
◆ Rev. Fr. Mcdermott.	1,000,000=
◆ Users Charge	7,682,500=
◆ Interest on fixed deposit Reserve	5,874,463=
◆ <b>Total Income</b>	<b>159,170,263=</b>

B. Less expenditure;

1. Sensitization, Mobilization & Education;

◆ Drama	6,622,500=
◆ Workshops, Training	2,671,000=
◆ KABP Survey	1,837,000=

2. Medical Support;

◆ Home Care/Visits	3,208,300=
◆ Procurement of Drugs + Sundries	16,882,950=
◆ Fuel for operations	6,523,205=

3. Counselling Services;

◆ VCT	345,000=
◆ CCA's Bicycles	4,750,000=

4. Office Administration;

◆ Taxes	1,025,480=
◆ Registration fees	200,000=
◆ Office Running	1,239,600=
◆ Rent of Office premises	3,560,000=
◆ Water bills	385,468=
◆ Electricity bills	240,000=
◆ Postage and stationary	1,147,650=
◆ Tel. + e-mail + Internet.	3,841,368=
◆ Travelling expenses	904,150=
◆ M/V. Maintenance	7,800,475=
◆ Bank Charges	1,624,463=
◆ Governing Council meetings	382,000=
◆ Mid Term Evaluation	3,200,000=

5. Social Support;

◆ Client Support/Food	13,393,400=
◆ Orphan Support	90,000=

6. Volunteer allowance 59,518,000=

7. Fixed asset Acquisition 9,242,800=

Total expenditure 150,634,809=

Excess of income over expenditure 8,535,454=

159,170,263=

159,170,263=

