

**ST. FRANCIS HEALTH CARE SERVICES**  
**REPORT FROM 31<sup>ST</sup> APRIL 2003- MARCH 2004**

1. Name of Organization:

ST FRANCIS HEALTH CARE SERVICES

2. Project to which this report relates

HIV PREVENTION, AIDS CARE AND ORPHANS AND VULNERABLE CHILDREN

3. Telephone No (if available):

Fax and /or E:mail address (if available)

25677-409-727

256-043-121322, stfhcs@yahoo.com

4. Report Preparer:

Position:

MR. NGARAMBE FAUSTINE

PROGRAMME COORDINATOR

5. Type of Report (six month/yearly):

YEARLY

6. Report Period:

FROM 31<sup>ST</sup> APRIL 2003 TO MARCH 2004

7. Date of Report:

Signature:

*20<sup>nd</sup> April 2004.*

*Faustine Ngarambe*

## 8. EXECUTIVE SUMMARY

This annual report 31<sup>st</sup> April 2003 – March 2004 highlights the major activities of the project funded by Elton John AIDS Foundation, our major Donor for the last three years. First let me take this opportunity to thank The Elton John AIDS Foundation for the financial support they have extended to our project which has helped us to be where we are today.

The achievements attained during the course of this year would not have been possible without The Elton John AIDS Foundation.

St. Francis Health Care Services received a grant from Elton John AIDS Foundation to the tune of £ 73,845 which realized Ugshs. 236,149,884 and the fund aimed at addressing the following objectives:

1. To reduce HIV prevalence by 25% by the year 2005/6
2. To mitigate the health and social economic effects of HIV/AIDS at individual, household and community level.
3. To strengthen management of HIV/AIDS prevention and care

### a) Objective 1

In our effort to address objective one above, we conducted awareness and sensitization activities in 22 communities aiming at reducing the prevalence of HIV by 25% among young people aiming at promoting behaviour change (abstinence, faithfulness and safer sex among sexually active population particularly young people aged 15-24 years.

Under the above objective, the following activities were conducted.

Awareness and sensitization.

2 Radio spot jingos were aired on local FM radio stations, 4 jingos per day for 12 months. The jingos aimed at promoting voluntary counseling and testing, benefits of knowing one's HIV sero-status. This activity resulted to 2,268 people of different ages and sex coming for voluntary counseling and testing.

The jingo aimed at sensitizing people not to stigmatize and discriminate people living with HIV/AIDS it also run for 12 months and it was in line with world AIDS campaign 2003-2004. The drama activities were conducted in the community taking messages, promotion of condom use, VCT, Orphan support, care and support of PHAs 22 shows were conducted in communities and 78,667 condoms were distributed in the community. The shadow idol drama group also visited schools, peer educators, this is the age group that moved from school to school. 4 secondary schools were visited and sensitized. 400 students formed the shadow idol club. These awareness campaigns also aimed at reducing stigma and discrimination. This can be seen in the number willing to be visited at home, and the number registered for care and support.

2000 sex education magazines were distributed to secondary schools and 1000 copies of young talk sex-education were distributed to Primary schools respectively.

### b) Objective 2

Mitigation of impact

To mitigate the social impact of HIV/AIDS at the individual, household and community level, the organization conducted the following activities:

- a) Medical support involved treatment of opportunistic diseases
  - 794 new HIV positive clients were registered for ongoing treatment and counseling of which 113 were children.
  - 438 were female adults and 238 male adults.
  - 112 clients were screened for T.B.
  - 22 Clients were referred to specialized care centres for difficult diseases like, Cryptococcal meningitis ARV treatment and Karposi Sarcoma.

- A total of 9,072 treatment was given to people living with HIV/AIDS, at the Centre and PHA's homes.
- 2,880 homes were visited during the year.

b) Psychosocial support;

- 1,600 clients benefited from food distribution
- 17,465 counselling sessions were conducted, 250 clients are involved in income generating activities. They received grants ranging from Ugshs 50,000 to 300,000.
- 641 children school support (fees paid for one year in primary school)
- 137 children in secondary supported.

Average of 365 children of the shadow idol club attend the club activities per month.

c) Objective 3

Strengthening capacity to manage and implement HIV Programme. This objective aims at equipping the staff with skills to deal with management and any other issues associate with HIV/AIDS.

The staff trained in various fields in HIV/AIDS management.

- 2 Counselors were trained in child focused counseling by regional AIDS training network Nairobi Kenya, in collaboration with TASO Uganda; the training was for 3 weeks and aiming at equipping counselors in handling children affected by HIV/AIDS.
- 1 Counselor training in care and management of people living with HIV/AIDS at Mildmay International diploma tailored by Manchester University U.K.
- 1 Medical Officer finished his Masters of Science in Health Services Management.
- The Coordinator has done 4 courses in, Organizational development, Gender issues, Environment issues and Organizational commission.
- 4 Counsellors were trained in providing voluntary counseling and testing for 3 weeks by The AIDS Information Centre in Kampala Uganda.

d) Collaboration and Networking;

The following organizations/Institutions have continued to network with us in different fields.

- Ministry of Health, District Director of Health Services of Mukono and Jinja.
- TASO Uganda Ltd.
- Uganda Network of AIDS Service Organizations
- Irish embassy in Uganda.
- Straight talk Foundation Kampala.

### **Acknowledgement**

We would like to express our sincere thanks to the following:

- i. The Elton John AIDS Foundation for the last three years.
- ii. Mukono and Jinja District AIDS Control Project for the supply of T.B. drugs, reagents and condoms.
- iii. Firelight Foundation for the Financial Support.
- iv. Development Cooperation Ireland (DCI) for helping us to scale up HIV/AIDS prevention and care (with financial support)
- v. Straight talk Foundation for straight and young talk magazines.

**Future Undertakings.**

We have developed a five year strategic plan of which our activities are planned for 2004-2008 and we are going to do the following:

- i. Scale up HIV/AIDS prevention and care.
- ii. Capital development of our New centre where we plan to construct a young and adolescent centre and medical/counseling centre on our 4 acre piece of land.
- iii. Fundraising activities are going to be part of the major activities.
- iv. More collaboration with other Institutions to share information and experiences.

## 9. DESCRIPTION OF PROJECT

- a) I). St. Francis Health Care Services undertakes HIV/AIDS activities in Jinja and Mukono Districts of Uganda. We operate in 4 Sub-Counties of Mukono, and 5 Sub-counties of Jinja District targeting about a half million people, but with mainly prevention of HIV and mitigation of the impact of HIV/AIDS. In prevention activities, we target all population through sensitization of the communities to prevent, further HIV Infection. This is done through drama activities, video shows and radio programmes. The other major activity in prevention is mobilizing the population for voluntary counseling and testing of HIV/AIDS, providing information on the modes of HIV Infection and it can be prevented. More purposefully, we have targeted the youth through the shadow Idol club; composed of the orphans and vulnerable children who have been trained to reach other youth both in school and out of school.

### **Mitigation of personal impact.**

The target group being mainly the people living with HIV/AIDS, HIV orphans and vulnerable children. The main activities under mitigation of impact are provision of medical services by treatment of opportunistic diseases, psychosocial support through counseling and education which is done through home based care.

**Income generating** is one of the areas we have empowered people living with HIV/AIDS to sustain their livelihood.

The other component is school support of paying school fees to orphans and vulnerable children from which the shadow idol programme was born. The shadow idol programme aims at helping children to envision what they want to be in future. The children are involved in reproductive health activities and life skills and carrier guidance. This will help them to keep focused to realize their future dreams.

ii). The number of HIV new clients registered from 31<sup>st</sup> April 2003 to 31<sup>st</sup> April 2004 were 789 of which 113 were children, 438 were female and 238 were male, which reached a cumulative of total 3,600 clients.

- A total of 2,268 people reported for voluntary counseling and testing.
- 78,667 Condoms were distributed to the community.
- 2,880 Home visits were conducted.
- 17,465 Counselling sessions were conducted
- 22 Community sensitization were conducted
- 2000 Straight talk sex education magazines were distributed to children in schools (in secondary schools)
- 1000 young talk magazines (sex education materials) were distributed to primary schools.
- 250 clients received grants to start income generating activities.
- 745 orphans and vulnerable children were supported in schools (school fees paid of 2<sup>nd</sup> term, third term 2003 and 1<sup>st</sup> term 2004).

### **d. Management peer guidance. health activities future. childrens by treatment in school and out of school.**

In its Annual General Meeting, St. Francis Health Care Members elected a new board to serve the organization.

The Chairperson is Mr. Moris Seru a Public Health Specialist.

The New Board has 8 members of which two are representatives of people living with HIV/AIDS. The budget changed because of the new programme of Shadow Idol (for orphan and vulnerable children, this was supplemented by Development Cooperation Ireland through the Irish Embassy in Uganda. These are our latest partners. They contributed USD 90,000 to run for 2 years in scaling up our activities. Tides Foundation also contributed USD 11,000 to boost our children's programme.

## Scope of work.

### Objective .1

Planned Activities	Anticipated results/bench marks	collaborators	Time frame
1. Develop IEC materials in English and local language.	1000 papers in English 1000 posters in Local Language.	Ministry of health	Through out the year
2. Conduct mobile AIDS video shows and drama activities	<i>22 shows by PHA's, 25 shows by in students secondary school &amp; 22 shows by out of school</i>	<i>Head teachers, AIDS coordinating committees, Community counseling aides</i>	<i>Through out the year</i>
3. Distribute I.E.C materials to schools and community.	2000 copies, 1200 straight talk & 1000 young talk distributed to 25 sec. Schools. And 50 primary Schools.	Straight talk foundation and Ministry of health provided materials	Through-out the year
4. Sensitize the community on the dangers of early sex, infidelity, unprotected sex, drugs and alcohol abuse in relation to HIV/AIDS	22 communities reached and 75 schools	AIDS committees, School head teachers	Second and third quarter
5. Develop radio spots and organize talk shows with phone in asking questions.	2 spots, 4 jingoes per day & 4 talk shows per quarter	Private radio stations	Was done in all quarters through out the year
6. Conduct advocacy seminars for AIDS education in schools	50 teacher in secondary & 100 primary teachers	Head teachers	1 <sup>st</sup> & 2 <sup>nd</sup> quarters
7. Distribute AIDS education manuals/materials to schools; to be produced from Ministry of Education/Straight talk Foundation	Copies to be obtained from ministry of Education This was not done	Ministry of Education	Through out the year
8. Refresh trained trainers in AIDS education and counselling.	A workshop for 10 participants for five days	Facilitators from AIDS information Center	Third quarter
9. Train Community based distribution agents (CBO's) on condom distribution practices	60 agents to be trained	Community and facilitators	2 <sup>nd</sup> & 3 <sup>rd</sup> quarters

and establish condom distribution networks in the rural areas.			
10. Procure Condoms	100,000 condoms to be procured (25,000 per quarter)	Ministry of health	Once a quarter
11. Advocate for appropriate condom education	150,000 people	community	1 <sup>st</sup> quarter
12. Distribute Condoms to all outlets from the Centre	<i>30,000 condoms to be distributed from the center</i>	<i>counselors</i>	<i>Through out the year</i>
13. Conduct community sensitization and education on correct use of female condoms.	<i>PHA drama shows</i>	<i>community</i>	<i>Through out the year</i>
14. Conduct sensitization using drama on VCT.	<i>PHA drama shows</i>	<i>community</i>	<i>Through out the year</i>
15. Conduct VCT in community outreaches	22 out reaches	Community, civic & political leaders	Through out the year
16. Conduct a baseline survey to establish the incidence of violation and abuse of the rights of children, youth and women	Hire a consultant. This was not done	consultant	1 <sup>st</sup> quarter
17. Sensitize community opinion leaders on the rights of children, youth and women.	300 participants. not done	facilitators	2 <sup>nd</sup> quarter
18. Distribute policy and list of rights of children.	5000 copies not done	Ministry of gender and labour, Community, civic and political leaders	2 <sup>nd</sup> quarter

### Objective 2;

OVC Planned Activities	Anticipated results/bench marks	collaborators	Time frame
19. Sensitization of the community on the objectives of the project	During the other sensitization programs 22 communities sensitized about the Programme	Community, civic and political leaders	Through out the year

20. Register all HIV/AIDS orphans to establish their conditions, location and general family environments	2500 orphans in our catchment area .	Community, civic and political leaders	Through out the year
21. Select beneficiaries who must be needy orphans for school sponsorship	600 in Primary and 50 in Secondary schools original plan	Community, civic, religious and political leaders	During holidays (April, July and December).
22. Re-assess school needs of selected orphans.	600 in Primary and 50 in Secondary schools	Head teachers and guardians/care takers & widows	During holidays (April, July and December).
23. Identify schools for partnerships	Guardians choose schools of their choice	Headmasters/ Local council officials	During holidays (April, July and December).
24. Ensure OVC's are placed in schools	600 in Primary and 50 in Secondary schools	Head teachers and guardians/care takers & widows	Beginning of school term
25. Provide orphans and vulnerable children support	600 in Primary and 50 in Secondary schools	Head masters , bursars and guardians	Through out the year
26. Sensitize OVC 's and their caregivers	During the other sensitization programs	Community, civic and political leaders	Through out the year
27. Identify beneficiaries for medical care	1200 orphans & 400 care takers	Community, civic and political leaders	Through out the year
28. Provide medical care to OVC's.	1200 orphans & 400 care takers	Community, civic and political leaders	Through out the year
29. Sensitization of the community on the importance of Child Counselling.	120000 people during the other sensitization programs & radio presentations	Community, civic and political leaders	Through out the year
30. Training of child counselors	2 counselors were trained for 3 weeks	Regional training network & TASO	1 <sup>st</sup> quarter
31. Training of teachers in counselling skills	50 teacher in secondary & 100 primary teachers. This was not done.	Head teachers	1 <sup>st</sup> & 2 <sup>nd</sup> quarters
32. Facilitate trained counsellors to provide counselling services to OVC.	Transport (2 motor cycles) & stationery	Programme coordinator	Through out the year
33. Sensitization of the community on the family law focusing on the rights of children and widows.	120000 people during the other sensitization programs & radio presentations	community	Through out the year
34. Sensitization of the community leaders on their role, responsibility and limitations in the family succession law.	50 LCIII councilors with civic leaders, 120 LCI & LCII chairpersons & secretaries for	Facilitators, LCII chairpersons	1 <sup>st</sup> quarter

	information in Njeru and Wakisi sub counties.		
35. Facilitate beneficiaries to seek a conclusive end to success on wrangles both within and outside the community (including seeking legal and welfare department services)	As complaints arise	Welfare officers, legal aid organizations & the police	Through out the year
36. Community sensitization about out of schools OVC's training vocational skills.	120000 people during the other sensitization programs & radio presentations	community	Through out the year
37. Identification of out of school OVC's for the vocational skills training.	Select 200 successful OVC applicants from all OVC applicants	Community, civic, political and religious leaders	First two quarters of 2003
38. Identification of local artisans to provide the training.	30 artisans	Private and government vocational training institutions	3 <sup>rd</sup> quarter
39. Facilitate the beneficiaries to select their desired trades	Do interviews for the available vocational trades	facilitators	First two quarters of 2003
40. Equip selected local artisans with training tools	30 tool kits	Local artisans	4 <sup>th</sup> quarter
41. Provision of OVC's with vocational training of preferred choices.	Train 200 successful OVC applicants	Local artisans	4 <sup>th</sup> quarter
42. Identification of needy HIV/AIDS affected families to be provided with IGA's.	Planned for 200 families but 250 were supported with seed money to start income generating activities.	Community, civic, political and religious leaders, National community of women living with HIV/AIDS (NACWOLA)	2 <sup>nd</sup> quarter
43. Training of project staff and IGA beneficiaries in Micro project planning management and resource mobilization.	8 staff and 2500-OVC carers were trained	Facilitators	3 <sup>rd</sup> quarter
44. Provide HIV/AIDS affected families with IGA seed money	250 HIV/AIDS affected families were provided with seed money	National community of women living with HIV/AIDS (NACWOLA) Njeru branch.	3 <sup>rd</sup> quarter/4 <sup>th</sup>
45. Monitoring the project		Stake holders, project staff, NACWOLA and the	Through out the project

		community	
46. Evaluation of the project.		Stake holders, project staff, NACWOLA and the community	During the project and after

### Objective 3:

Planned Activities	Anticipated results/bench marks	collaborators	Time frame
47. Provide information and education on symptoms of STDs, prevention and management in the context of HIV using video shows	During the other sensitization programs .This was integrated in all sensitization programmes.	Community, civic, political and religious leaders	Through out the year
48. Conduct visits to inform and educate students on STDs, prevention and management in the context of HIV/AIDS.	25 secondary 50 primary Schools received Straight Talk and young talk sex education materials.	In school drama group & out of school drama group. Straight Talk Foundation played a key role in providing materials.	Through out the year

### Objective 4

Planned Activities	Anticipated results/bench marks	collaborators	Time frame
49. Sensitize LC's and Civic leaders on PMTCT interventions	During the other sensitization programs. 22 communities participated	PHA drama group	Through out the year
50. Conduct community sensitization on PMTCT, positive living using drama and video shows	During the other sensitization programs. 22 communities reached.	Community, civic, political and religious leaders	Through out the year
51. Conduct VCT to willing expectant mothers.	200 expectant mothers/ month. This was done in collaboration with Nyenga Hospital in our referral system	Community, civic, political and religious leaders, Traditional birth attendants, Private midwives and the doctor in-charge of the health sub-district	Through out the year
52. Refer HIV sero -positive mothers to hospitals /private midwives for safe	On a case to case basis as above.	PMTCT participating	Through out the year

delivery management.		hospitals	
53. Sensitize religious and community leaders on the care, social support and spiritual counselling needs of PHA's	300 participants	community	Once a quarter
54. Provision of care, counselling, social and spiritual support to PHA's	A quarter of all the registered PHAs	Individual PHAs	Through out the year
55. Distribute food to the needy clients at the centre and outreach sites	8 tons corn meal, 4 tons of beans, 1250 kg powdered milk, 2500kg of rice, 400l of cooking oil and 25 cartons of washing soap	The needy PHAs	Through out the year
56. Conduct monthly meetings with community counselling aides	60 counselling aides. 15 meetings were held	Community Counselling aides (CCA's)	Through out the year
57. Conduct mobile AIDS care services and counselling outreach sites and homes.	2500 clients	Community, CCA's, civic, political and religious leaders	Through out the year
58. Carry out continuous supervision and monitoring of outreaches and home community care providers.	60 community counselling aides and 22 outreach sites	Community, CCA's and the PHAs	Through out the year
59. Procure appropriate drugs for opportunistic infections, laboratory equipment, chemicals and reagents for relevant tests.	No stock out of drugs, no expired drugs, no overstocking	Joint medical store, ministry of health and the stake holders	Once a quarter
60. Refer clients from home to health units, hospitals and other centres that offer specialized palliative care.	7 clients to be referred for specialized care	Hospitals and specialized care units e.g. Mild-may, Joint clinical research council (JCRC)	On a case to case basis

**Objective 5:**

<b>Planned Activities</b>	<b>Anticipated results/bench marks</b>	<b>collaborators</b>	<b>Time frame</b>
61. Review and support SACC, PACC, VACC to effectively implement their coordination roles and functions.	72 members	AIDS Coordination committee members, local council III chair-person	quarterly
62. Train St. Francis staff in planning, monitoring and evaluation of HIV/AIDS activities in the communities.	10 participants (heads of departments and their assistants)	Participants and the facilitators	3 <sup>rd</sup> quarter
63. Seek partnerships with businesses etc. within and outside our area of operation.	Manageable number of partners	The board of directors (BOG), management and other stake holders in similar organizations	Through out the year
64. Hold annual stress management for staff	Annually	All staff and BOG	4 <sup>th</sup> quarter
65. Hold annual clients get together at the centre.	annually	Interested clients and staff	4 <sup>th</sup> quarter
66. Hire outside programme evaluators.	annually	Hired consultant	4 <sup>th</sup> quarter

## 10. RESULTS

### MEDICAL SUPPORT APRIL 2003 – MARCH 2004

#### 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 mainly in Buikwe North sub-health District (Mukono District) and Jinja District. However clients are at times referred to us from neighbouring Districts e.g. Kamuli, Iganga and Kayunga responding to radio messages about the services the center offers.

*From April 2003 – March 2004, the total number of new sero-positive clients was 794. Of these, children were 127, female adults were 434 and male were 233. Thus the centre now caters for about 3600 registered clients.*

*The following activities are carried out at the center:*

- There are two official clinic days (Tuesday & Thursday) in a week during which clients get counseled and treated according to the ailments they present with. However the work load during the week these days is heavy enough to warrant Monday to Friday clinic days.
- On Mondays, Wednesdays, Thursdays and Fridays are out reach days. These are conducted by the Medical team and the counselors. The beneficiaries of these are the bedridden clients and the HIV/AIDS orphans and vulnerable children. Places visited are as follows: Buziika, Kiryowa, Bukaya, Njeru south aids initiative programme (NSAIP), NSACI in Buziika B, Mbiiko, Nakibiizi, Naminya, Konko, Walukuba, Wairaka, Bugembe, Jinja town, Kirugu, Mpumudde, Kalagala and Kitigoma. The medical team comprises of the following: 2 medical Doctors, 2 Clinical Officers, 3 nurses, 1 nursing assistant and 2 volunteers people living with HIV/AIDS who help at the reception.

Table 1:

Clinical spectrum of adult HIV/AIDS clients attending St Francis health care services/month April 2003 – March 2004

Condition	April	May	June	July	August	September	October	November	December	January	February	March	total
Skin Rash (A)	97	53	77	59	50	48	61	62	60	82	84	57	790
Diarrhea (B)	102	70	73	62	60	34	89	41	58	82	59	29	759
Ear Problem ©	2	1	2	0	0	6	0	8	12	6	7	4	48
Fever (D)	134	137	149	154	155	179	282	196	165	195	143	93	1982
Abdominal pain (E)	59	75	79	73	70	76	76	37	42	58	71	44	760
General malaise (F)	49	74	79	67	65	45	44	28	36	73	39	33	632
Oral thrush/sores (G)	88	84	59	91	88	66	63	43	95	90	57	32	856

Loss of appetite (H)	68	80	79	62	67	65	51	49	49	57	57	38	<b>722</b>
Herpes zoster (I)	3	6	2	2	10	9	7	6	12	17	6	2	<b>82</b>
Joint pains (J)	37	60	73	63	60	62	54	37	37	49	42	38	<b>612</b>
Painful urinating (K)	0	0	0	0	0	7	4	3	12	7	4	2	<b>39</b>
Cough (L)	109	100	139	128	152	204	205	179	112	177	89	78	<b>1672</b>
STDs (M)	20	26	25	30	35	6	3	4	5	12	7	12	<b>185</b>
Headache (N)	100	100	113	130	125	118	131	116	95	143	68	73	<b>1312</b>
Chest pain (O)	50	70	74	45	40	74	83	68	52	64	66	33	<b>719</b>
Insomnia (P)	31	52	43	20	20	16	8	5	13	25	8	11	<b>252</b>
Nausea (Q)	32	20	17	15	10	8	7	10	20	22	20	7	<b>188</b>
ANAL sores®	4	15	20	35	23	2	2	5	14	23	6	3	<b>152</b>
Vomiting (S)	48	75	83	63	60	52	51	29	43	36	56	23	<b>619</b>
Dizziness (T)	17	2	3	2	0	7	7	15	13	15	24	12	<b>117</b>
Swollen limbs (U)	0	0	0	4	0	1	2	2	7	7	10	2	<b>35</b>
Palpitations (V)	33	75	72	74	12	4	50	29	30	49	25	12	<b>465</b>
TB (W)	5	3	3	2	1	2	2	4	3	5	5	0	<b>35</b>
Itching eyes (X)	3	20	1	0	0	2	7	4	18	31	15	17	<b>118</b>
Karposi's sarcoma (Y)	0	0	0	0	0	0	2	1	4	2	1	0	<b>10</b>
Varginal candida (Z)	15	40	42	50	34	8	29	8	17	35	25	27	<b>330</b>
Abcess/boils (AA)	25	47	14	25	20	13	10	10	10	25	14	4	<b>217</b>
Confusion/tremors (AB)	0	0	2	1	0	0	1	0	0	2	3	0	<b>9</b>
Paraesthesias (AC)	27	48	49	55	44	10	8	5	5	25	4	6	<b>286</b>

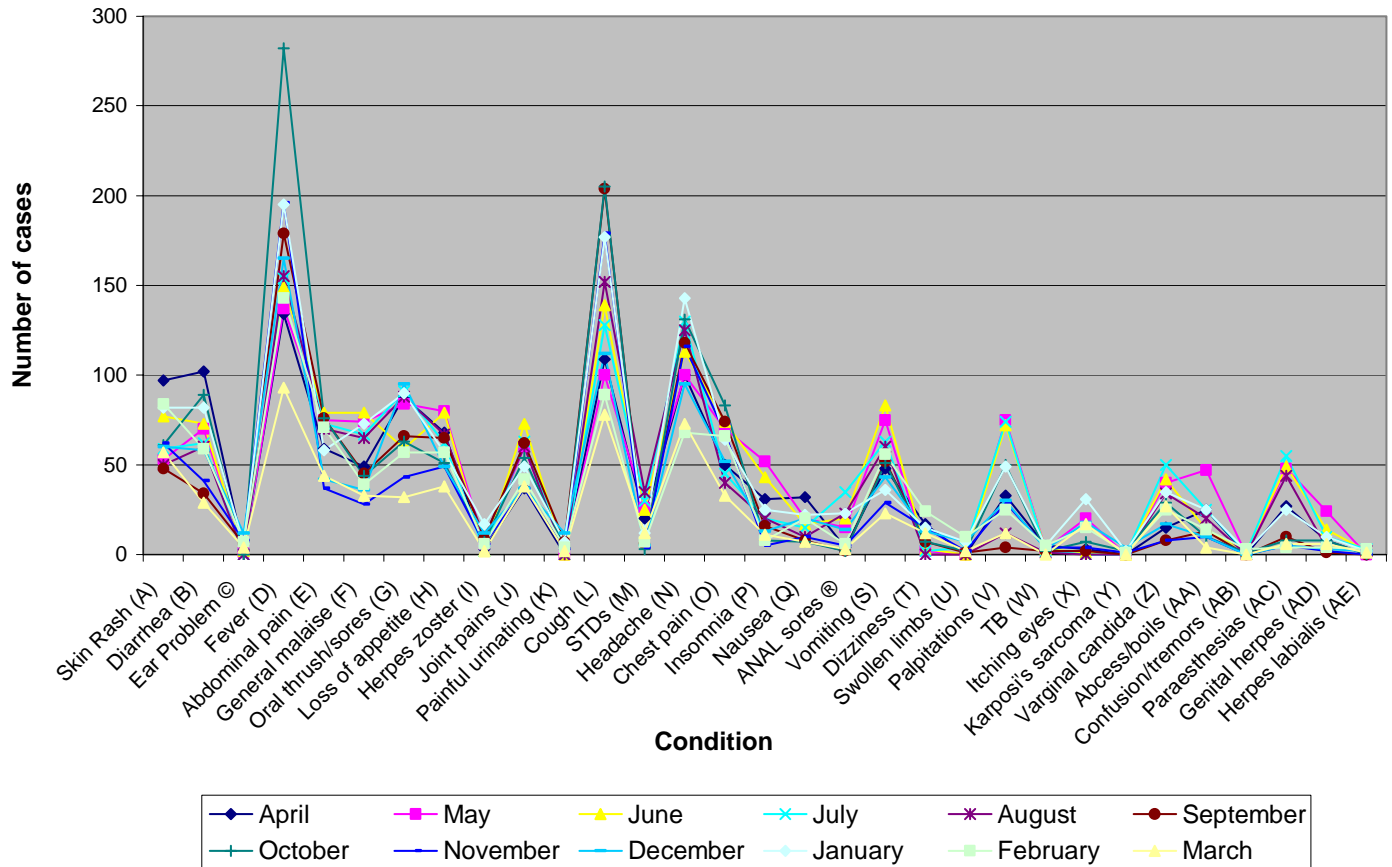
Genital herpes (AD)	8	24	14	10	4	1	8	2	3	10	4	6	94
Herpes labialis (AE)	0	0	2	3	2	0	0	0	2	2	3	1	15

The commonest conditions among the clients are still noted to be fever, cough, and headache. Graph 1 below shows the clinical spectrum by month during April 2003 to March 2004. The following can be deduced from this graph; the most prevalent conditions i.e. fever, cough and headache among others, occurred mainly during September, October, November and January. The above mentioned months lay within the 3<sup>rd</sup> funding period from Elton John AIDS foundation. It should also be noted that with the onset of November 2003 the scaling up of medical and counseling activities through the support from Development cooperation Ireland (DCI) begun. Thus through out these months all medical activities at the centre have been in full gear thus the apparent increase in all the complaints from the patients during these months.

Graph 2 below shows total cases/condition/month April 2003 to March 2004. From this graph the following were noted; In general the total number of complaints per condition reported has been on the increase since the reporting period January – December 2002. This can be attributed to the increased number of patients being seen by the centre due to the improving donor facilitation the centre is enjoying and also due to the new and more accessible premises both financially and in terms of distance. All these together with drama & VCT activities both at the centre and during outreaches have continued to contribute to the further reduction of community stigma.

GRAPH 1

Clinical spectrum of adult HIV/AIDS clients attending St. Francis health care services/month  
April 2003 - March 2004



GRAPH 2:

Clinical spectrum HIV/AIDS patients April 2003 - March 2004 at St Francis Health care services Njeru

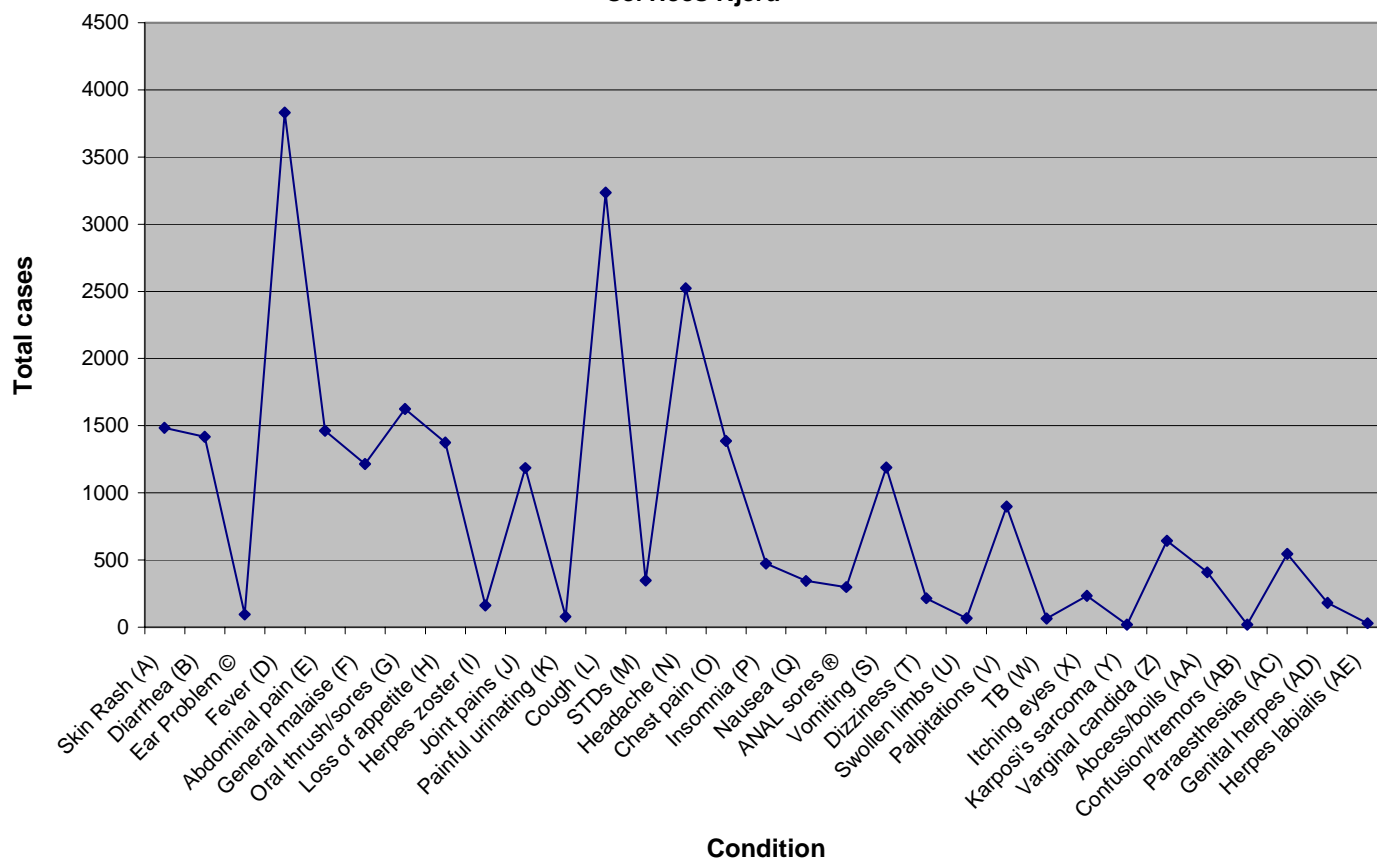


Table 2:

Clinical spectrum of HIV/AIDS children attending St Francis health care services/month April 2003 – March 2004

Condition	April	May	June	July	August	September	October	November	December	January	February	March	total
Skin Rash (A)	13	20	29	33	25	28	22	19	17	29	33	24	292
Diarrhea (B)	7	11	19	15	17	11	9	13	9	10	11	15	147
Ear Problem ©	0	0	0	1	1	0	0	1	0	1	1	0	5
Fever (D)	55	62	50	66	65	65	60	55	51	56	87	77	749
Abdominal pain (E)	25	13	19	21	17	15	17	19	19	23	21	19	228
General malaise (F)	5	14	6	7	12	17	15	9	11	12	23	27	158
Oral thrush/sores (G)	21	7	0	3	11	13	9	11	15	20	25	30	165

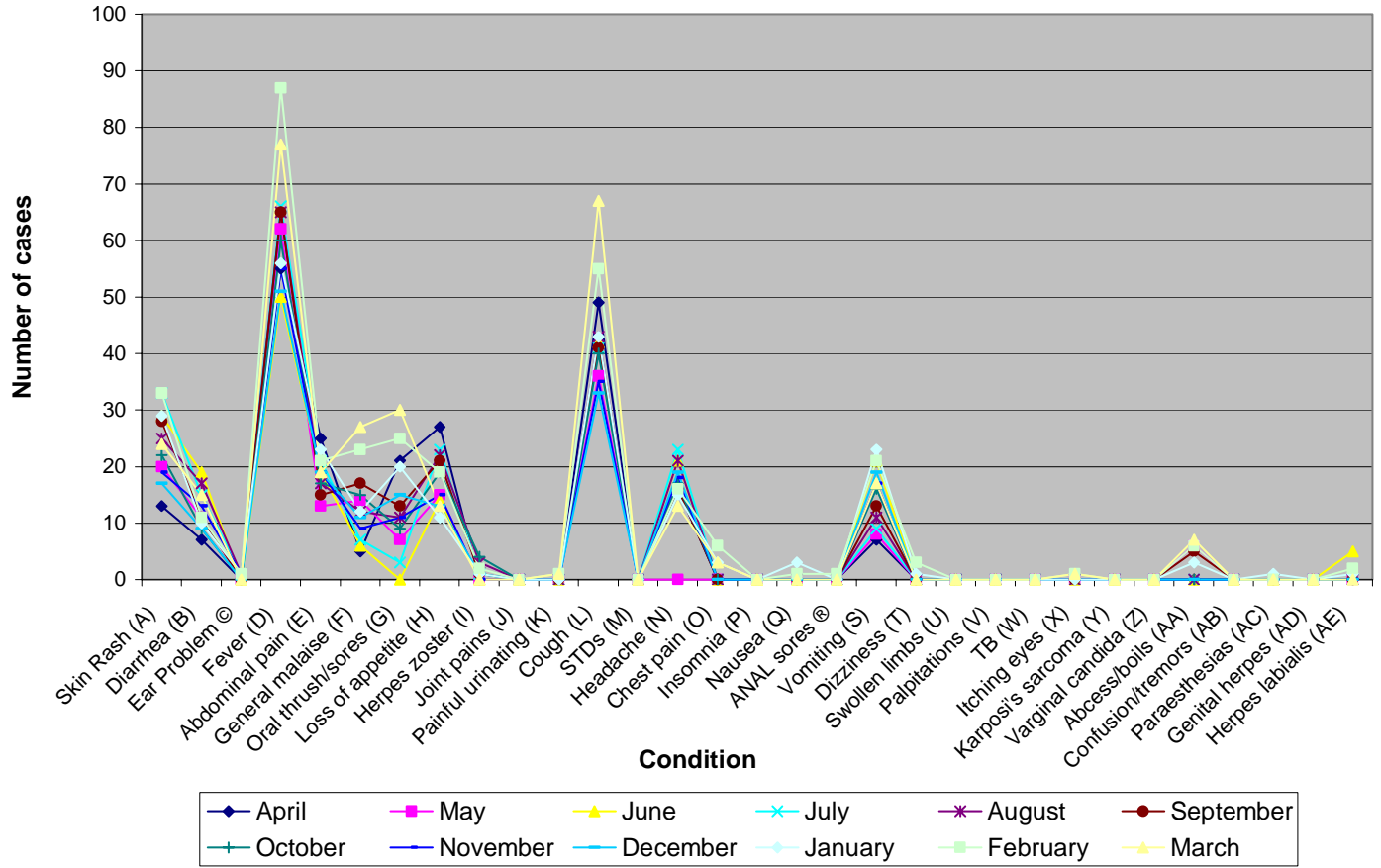
Loss of appetite (H)	27	15	14	23	22	21	19	15	13	11	19	13	<b>212</b>
Herpes zoster (I)	0	0	0	1	3	1	4	0	1	1	2	0	<b>13</b>
Joint pains (J)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Painful urinating (K)	0	0	0	0	0	0	0	0	0	0	1	1	<b>2</b>
Cough (L)	49	36	42	41	43	41	40	35	33	43	55	67	<b>525</b>
STDs (M)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Headache (N)	16	0	21	23	21	16	17	18	19	15	16	13	<b>195</b>
Chest pain (O)	0	0	0	0	0	0	0	0	0	3	6	3	<b>12</b>
Insomnia (P)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Nausea (Q)	0	0	0	0	0	0	0	0	0	3	1	0	<b>4</b>
ANAL sores ®	0	0	0	0	0	0	0	0	0	0	1	0	<b>1</b>
Vomiting (S)	7	8	21	9	11	13	16	17	19	23	21	17	<b>182</b>
Dizziness (T)	0	0	0	0	0	0	0	0	0	1	3	0	<b>4</b>
Swollen limbs (U)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Palpitations (V)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
TB (W)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Itching eyes (X)	0	0	0	0	0	0	0	0	0	0	1	1	<b>2</b>
Karposi's sarcoma (Y)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Varginal candida (Z)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Abcess/boils (AA)	0	6	0	0	0	5	0	0	0	3	6	7	<b>27</b>
Confusion/tremors (AB)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Paraesthesias (AC)	0	0	0	0	0	0	0	0	0	1	0	0	<b>1</b>
Genital herpes (AD)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Herpes labialis (AE)	0	0	5	0	0	0	0	0	0	1	2	0	<b>8</b>

Table 2 above shows that the general trend in the clinical spectrum of HIV/AIDS children is comparable to that of the adult HIV/AIDS clients. The other main complaints on top of those also seen in the adult clients were as follows; loss of appetite, abdominal pain and vomiting. These were also evident in more or less the same magnitude through out all the months.

Please see also Graph 3 and 4 below.

Graph 3:

**Clinical spectrum of HIV/AIDS children at St Francis health care services April 2003 - March 2004**



Graph 4:

**Clinical spectrum of HIV/AIDS children attending St Francis health care services for the period April 2003 - March 2004**

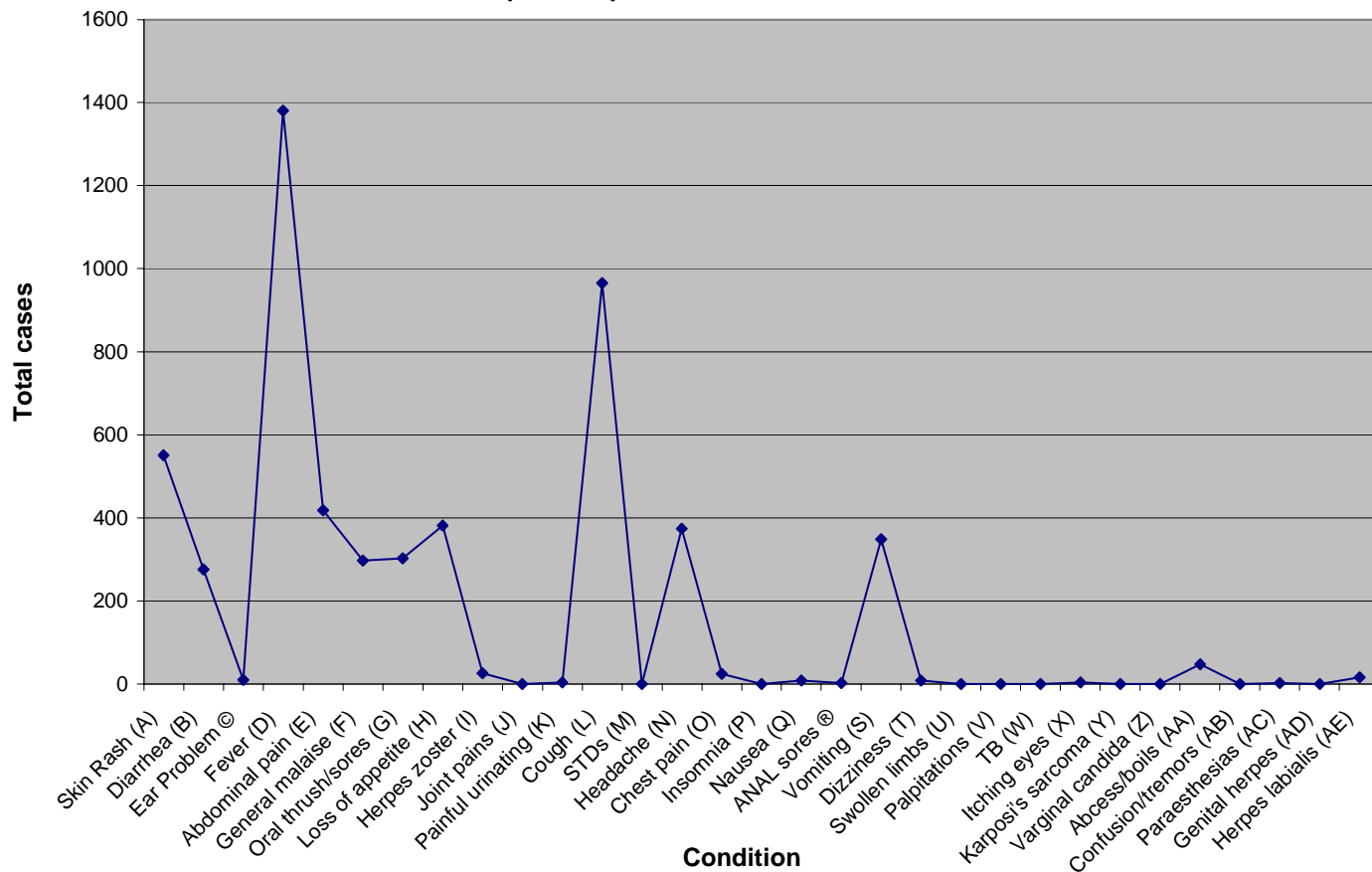


TABLE 3:

**New out patients (not HIV positive) by age/sex per month treated by the centre April 2003 – March 2004.**

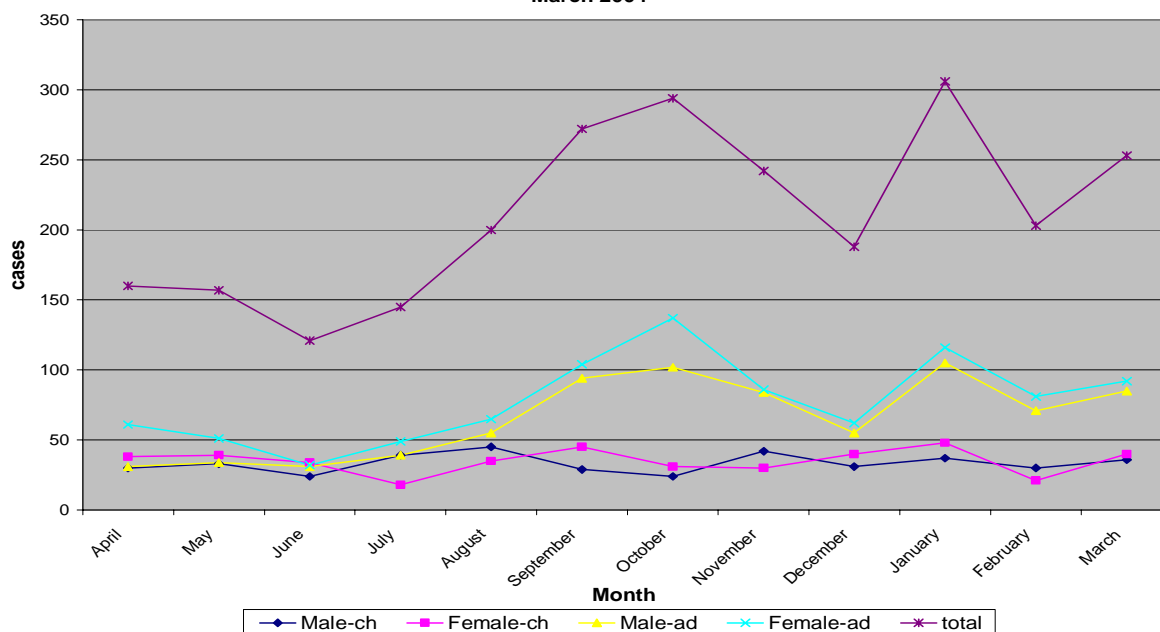
Month	Children		Adult		total
	Male	Female	Male	Female	
April	30	38	31	61	160
May	33	39	34	51	157
June	24	34	31	32	121
July	39	18	39	49	145
August	45	35	55	65	200
September	29	45	94	104	272
October	24	31	102	137	294
November	42	30	84	86	242
December	31	40	55	62	188
January	37	48	105	116	306
February	30	21	71	81	203
March	36	40	85	92	253

Table 3 above shows the non-HIV positive patients who sought medical services at St Francis health care services in the period April 2003 – March 2004. On average the number of adult non HIV/AIDS patients attending the OPD at the centre per month has been on the increase since April 2003. However the number of children attending was stable. It was noticed that the adult female patients attended more than their male counterparts. It should be noted that the total OPD attendance during this period is still much better than that recorded in the reporting period January – December 2002. This may be attributed to the following;

- Decreased stigma in the populace where by they no longer mind being treated together with HIV/AIDS patients.
- Good medical & lab services for the non-HIV patients accessing our clinic. The new premises are spacious and also offering entertainment on top of the above during the waiting period prior to receiving service.
- Widespread publicity & sensitization talks conducted over time in the community by the medical and drama group during VCT outreaches and also through radio adverts about the benefits of VCT. See graph 5 below:

**GRAPH 5:**

**New out-patients (not HIV positive) by age/sex per month treated by the centre April 2003 - March 2004**

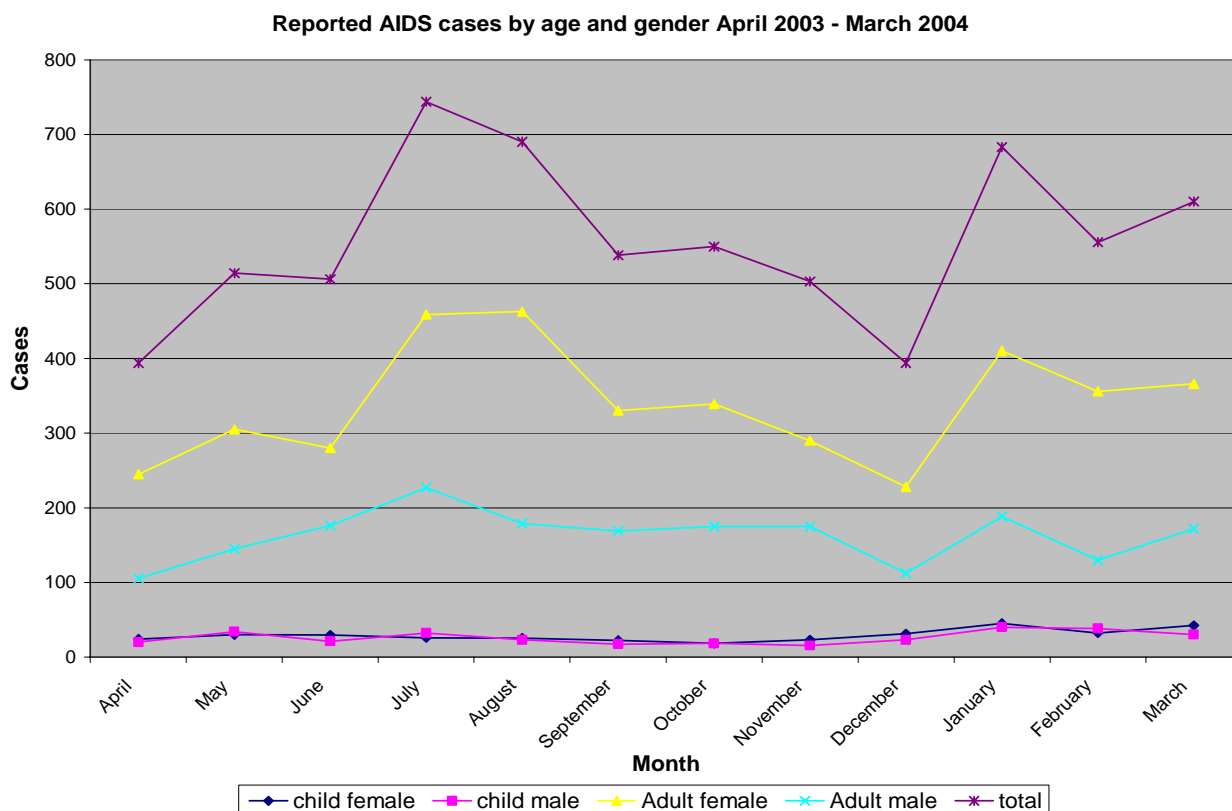


**TABLE 4:**  
**Reported AIDS cases by age and gender April 2003 – March 2004**

Month	child female	child male	Adult female	Adult male	total
April	24	20	245	105	394
May	30	34	305	145	514
June	29	21	280	176	506
July	26	32	459	227	744
August	25	23	463	179	690
September	22	17	330	169	538
October	18	18	339	175	550
November	23	15	290	175	503
December	31	23	228	112	394
January	45	40	410	188	683
February	32	38	356	130	556
March	42	30	366	172	610

Table 4 above shows that during the period April 2003 – March 2004, the number of adult AIDS cases seeking our services have on average continued to show a sustained increase. Though the numbers of the female and male adult AIDS clients showed increase over the months, the figures of the children with AIDS were stable but less than the former. This is further illustrated in Graph 6 below;

**GRAPH 6:**



**TABLE 5:**

*Reported new HIV positive cases by age and gender/month April 2003- March 2004*

Month	females	Males	female-ch	male-ch	total
April	13	10	4	4	31
May	25	16	3	4	48
June	40	21	10	5	76
July	44	34	7	12	97
August	43	24	5	2	74
September	33	15	2	2	52
October	47	21	0	5	73
November	31	16	1	2	50
December	27	19	5	7	58
January	59	16	5	12	92
February	38	16	11	7	72
March	34	25	6	6	71
Total/category	434	233	59	68	794

Table 5 above shows that the number of new adult HIV/AIDS cases seeking our services has been fluctuating with the least number being seen in April 2003. However the number of both male and female new HIV clients showed a drop after July and August respectively only to make a come back in January 2004. This could be attributed to the fact that the first trounce of the current Elton John AIDS foundation funding ended in July and the next released early February 2004. Therefore during August and December the centre's programmes were running at half strength due to the financial constraint experienced during these months. The sudden increase in the number of cases seen in January 2004 corresponds to the onset of the Development Cooperation Ireland fund that is supposed to help the centre scale up its activities. On the other hand however, the number of new HIV positive children was on average stable all through the twelve months.

This is further illustrated in Graph 7 below.

GRAPH 7:

Reported new positive cases by age & gender/month April 2003 - March 2004

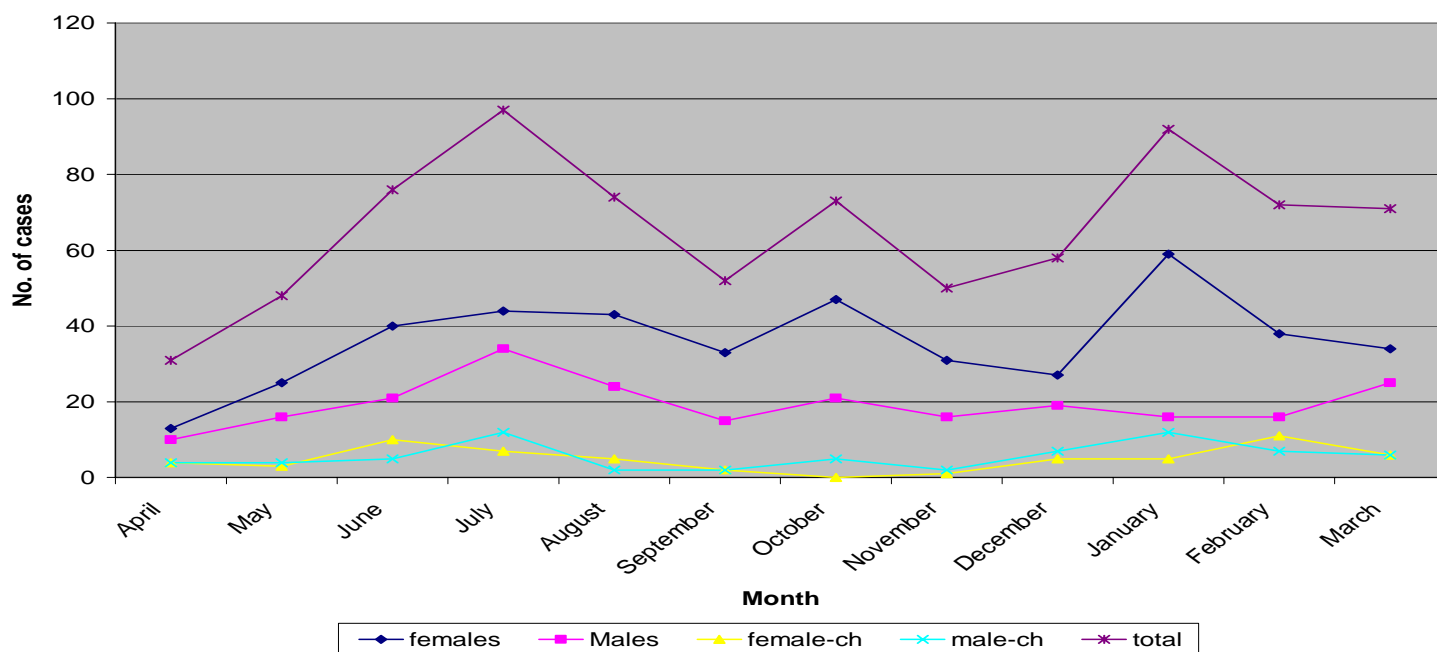


TABLE 6:

Comparison of six randomly selected clinical spectrums of new & old HIV/AIDS cases expressed as a percentage of the total new or old HIV/AIDS cases.

condition	April 2003		May 2003		June 2003	
	new pt	old pt	new pt	old pt	new pt	old pt
skin rash	71.8	4.8	77.4	4.6	41.7	4
diarrhea	71.8	3.2	51.6	3.2	50	3.2
fever	133.3	11.2	103.3	8.5	108.3	12
oral thrush	0	4	77.4	6.2	16.7	5.6
cough	92.3	8.8	116.1	5.4	91.7	5.6
headache	41	4.8	29	5.4	0	6.4

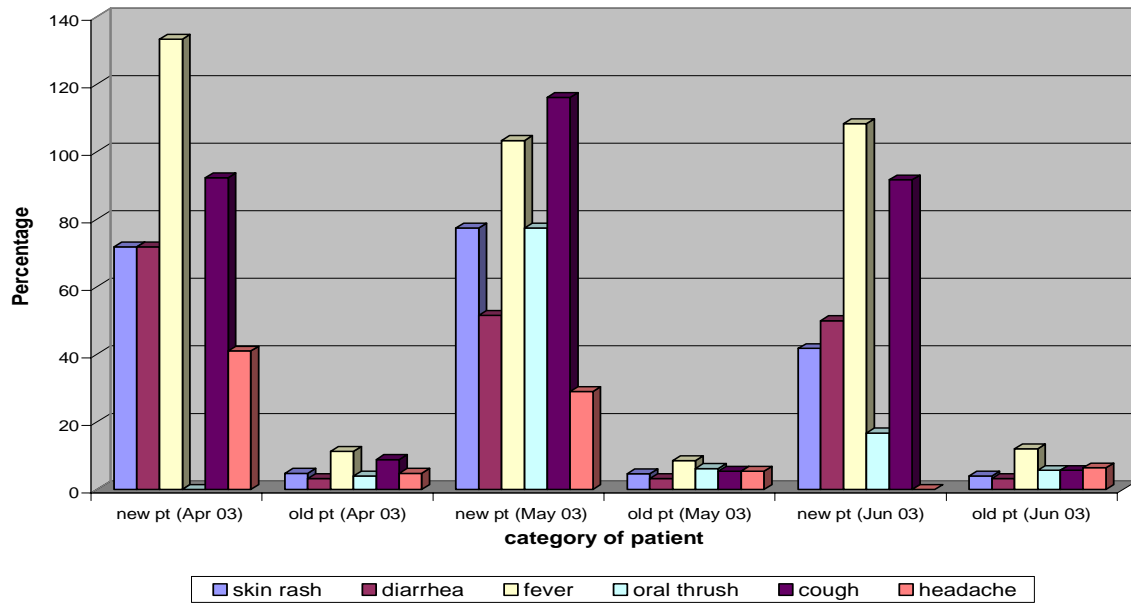
In this section data for 3 months namely April – June 2003 was utilized to show that the new HIV/AIDS clients still reported more complaints of opportunistic infections than old HIV/AIDS clients.

Table 6 above shows the comparison between six randomly selected clinical spectrum cases of new and old HIV/AIDS cases expressed as a % of the total new or old HIV/AIDS cases monthly April to June 2003. From this table and the corresponding graph 8 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 1 month). In short graph 8 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 sarcoma etc. Another important point to note is that clients who attend on

going counseling and thus live positively have fewer complaints of O.I.s as compared to those who are erratic in their treatment seeking behaviour and/or do not live positively. Please note Graph 8 below.

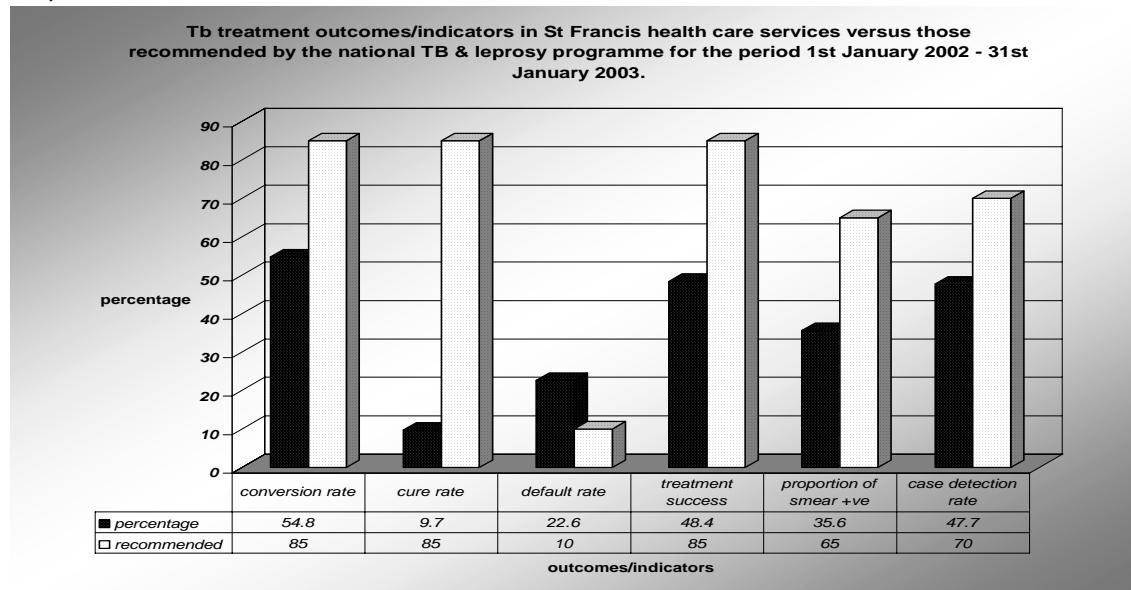
**GRAPH 8:**

**Comparison of selected clinical spectrum of new/old HIV/AIDS cases as a % of the total new or old HIV/AIDS cases (April 2003 - June 2003)**



Tb diagnosis and treatment at St Francis health care services has been on going with the blessing of the District Tb and Leprosy supervisor since January 2002. Graph 9 below shows Tb diagnosis and treatment outcomes for the period 1<sup>st</sup> January 2002 to 31<sup>st</sup> January 2003 this was because all these should have completed their eight months treatment by 30<sup>th</sup> September 2003. This evaluation involved only the pulmonary sputum smear positive Tb cases this is because they have a vast potential to spread the ailment further if not detected early and if not successfully treated (cured). From graph 9 below all the parameters evaluated were well below the recommended.

Graph 9:



In a bid to improve on the TB treatment outcomes of St Francis health care services two targets were set in November 2003. These targets were set keeping in mind the expressed need by the centre to the Development Cooperation Ireland (DCI) of scaling up its activities. The targets are as follows:

- ❖ Of the 625 HIV/AIDS clients to be cared for by St Francis health care services both at the centre and during outreaches per quarter, 50% would be screened for TB (that is 313 clients per quarter).
- ❖ All the clients diagnosed with sputum smear positive PTB would receive TB treatment through the new concept of community based directly observed treatment with short course chemotherapy (CB-DOTS).

Table 7 below illustrates the number of Clients screened for PTB from July 2003 to March 2004. It can be noted that the number of clients screened is still far below the target for the quarter (December 2003 – February 2004) even after scaling up of the services through the Development Cooperation Ireland (DCI) fund was started in mid November 2003.

This could be attributed to the fact that between December 2003 and mid January 2004, the free laboratory and drug supplies from the district TB and leprosy supervisor were in short supply. This necessitated the medical department to refer some of the clients to Jinja and Nyenga hospital for these services during this period.

Table 7

Number of HIV/AIDS cases screened for TB July 2003

To March 2004

months	total cases screened	Ppos cases
Jul-03	5	3
Aug-03	15	2
Sep-03	13	6
Oct-03	13	2
Nov-03	16	3
Dec-03	10	2

Jan-04	10	0
Feb-04	11	0
Mar-04	19	0

In order to meet the above set targets in the second quarter (March – May 2004), it has now been decided that the HIV/AIDS clients will be screened free of charge for TB at the center since we now have ample supplies for diagnosis and treatment.

On top of this one clinical officer has undergone a one week induction course in CB-DOTS sponsored by Mukono District directorate of health. Beginning March 2004 all diagnosed TB patients in Mukono District will be managed through CB-DOTS. This is aimed at improving the TB treatment outcomes throughout the Mukono District health services.

Table 6 below shows the number of referrals to the nearby hospitals and other specialized units. From this it can be noted 60.9% (n=23) of all the referrals made were in search of specialized HIV/AIDS management that is anti-retroviral treatment (ARV).

Table 6

Referrals and the different causes November 2003 – March 2004

month	No of referrals	Reason/condition	
November	1	MDR TB	Buluba hospital(TB & Leprosy referral unit)
	1	Cryptococcal meningitis	Nyenga Hospital
	2	ARV treatment	JCRC Kampala
December	1	Cryptococcal meningitis	Jinja Hospital
	4	ARV treatment	Mildmay international/JCRC
January	2	ARV treatment	JCRC Kampala
February	6	ARV treatment	Mildmay international/JCRC
march	3	Cryptococcal meningitis	Nyenga & Jinja Hospitals Nyenga hospital
	2	Karposi's sarcoma	Jinja Hospital
	1	Severe malaria & severe anaemia	

Evident in the table 6 above therefore is a need for the centre to further scale up its medical prowess in order to offer anti retro viral (ARV) therapy in the near future to its client base. Currently this therapy can only be achieved at a handful of sites in Uganda though the Ministry of Health promises free ARV treatment to all AIDS patients in the near future. Currently this therapy can be accessed at the following sites:

- Joint clinical research centre (JCRC) – Kampala and other up-country stations
- Mildmay international – Kampala
- Referral hospitals e.g. Jinja hospital
- A few NGOs e.g. Uganda business coalition clinics (Nile treatment centre in the case of Jinja).

## **SUMMARY OF RECOMMENDATIONS**

- There is still need for scaling up the level computer literacy among the medical and counseling personnel at St Francis health care services. This will stream line the data entry and analysis. This will also help in keeping track of the large amounts of medical data currently available at the centre so that future monitoring & evaluation studies, and research can be accomplished more accurately.
- 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 to meet the increasing patient load. Currently the 2 part-time Doctors, 2 clinical officers, 3 nurses, 1 nursing assistant and 2 PLWAs volunteers care for about 3600 registered clients. The quality of care is thus being impaired every time the clients increase without a similar proportionate increase in the number of health workers.
- There is need to achieve stability in the financial resources of the centre. This will help the medical department consolidate on its successes in HIV/AIDS patient care it has so far achieved. Otherwise this irregularity in financial resources corrodes client confidence in the centre's ability to care for them, leads to rapid progression into AIDS and death for those who solely depend on the centre's medical services.
- With the commencement of the community based directly observed treatment of Tb with short course chemotherapy (CB-DOTS) strategy both at St Francis health care services and Mukono District as a whole, there is need to further improve on the Tb treatment services at the centre in order to achieve high TB treatment success in all the detected Tb cases. The CB-DOTS strategy has been shown to be highly effective in achieving both high case detection and treatment success, if well implemented.

## RESULTS CONTINUED

### COUNSELLING DEPARTMENT APRIL 2003-MARCH 2004

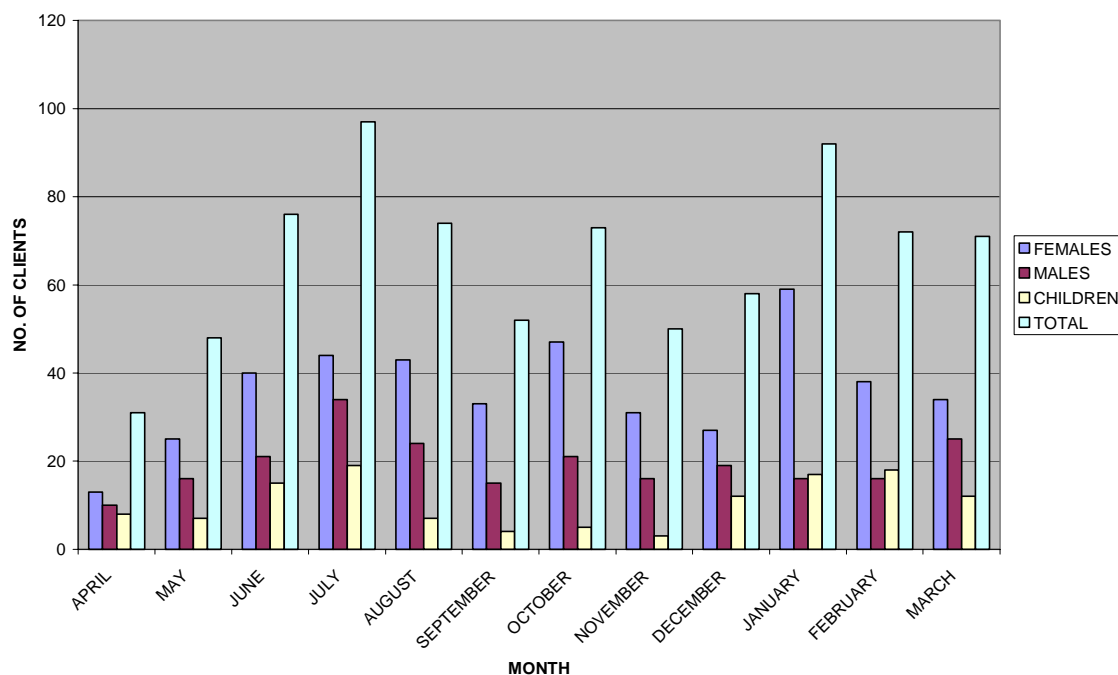
#### Introduction:

The counselling department comprises of five counselors. It undertakes its duties following a similar schedule to that of the medical department. The department undertakes the following activities both at the center and during outreaches:

- Counselling which includes pre & post test counselling, and on-going counselling.
- Home visiting and sensitization of the community about HIV/AIDS scourge.

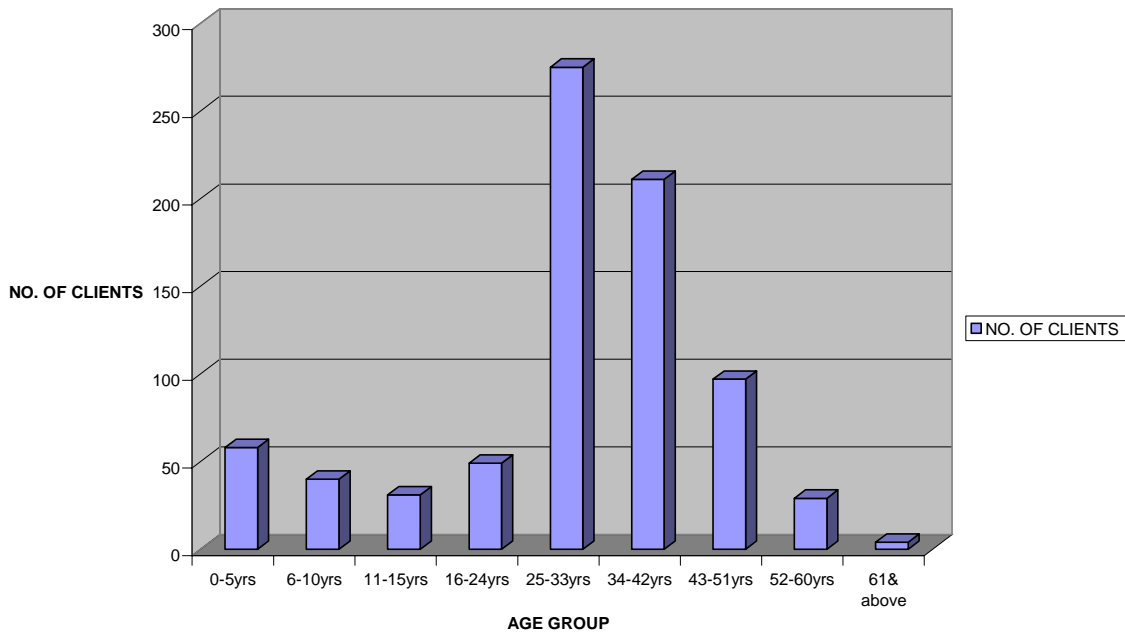
In a bid to strengthen the Counselling department the center organized a series trainings to update the department's efficiency and effectiveness. Thus four counselors were re-trained in voluntary counseling and testing (VCT). In addition two of the counselors were also re-trained in Child counselling,. Finally one of them was also re-trained in psychosocial and spiritual care in HIV/AIDS.

CLIENTS REGISTERED APRIL 2003-MARCH 2004



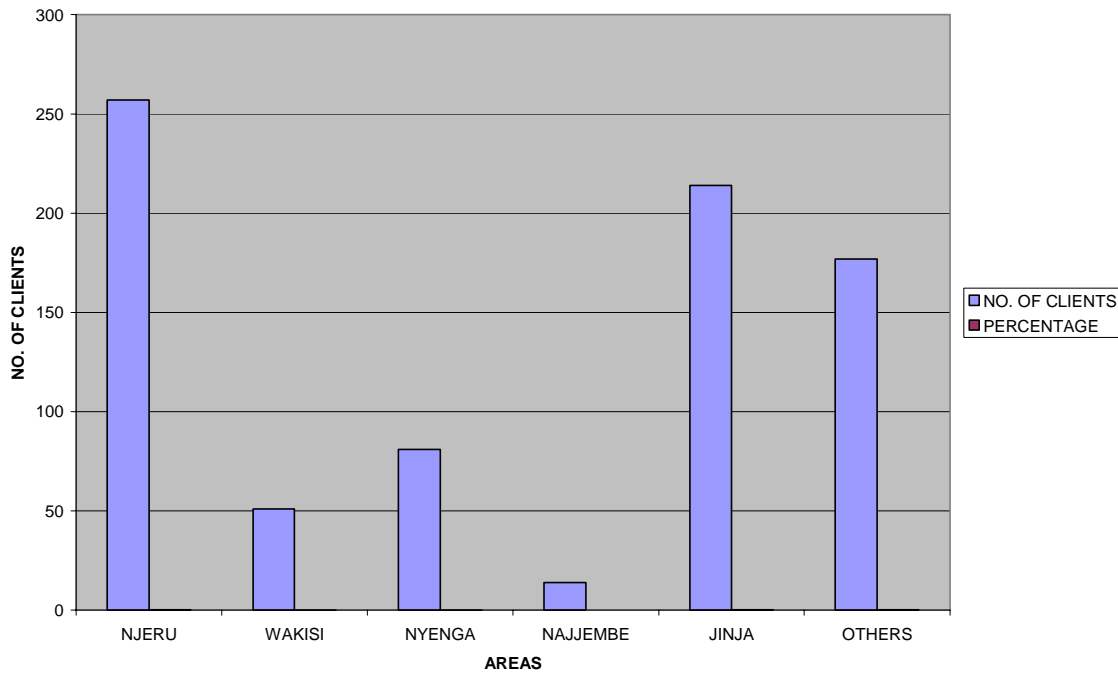
A total number of 794 clients were registered between April 2003 and March 2004. 434 (55%) were females, 233 (29%) were males and 127 (16%) were children.

**CLIENTS REGISTERED BY AGE GROUP APR 2003-MAR 2004**



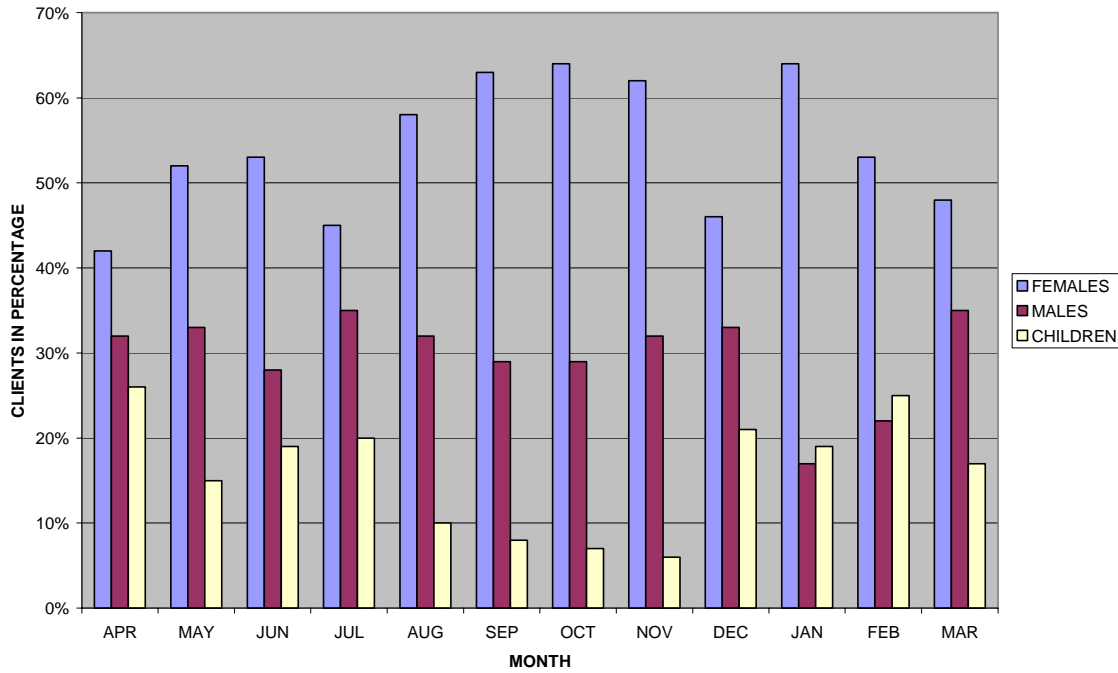
From the graph, it can be seen that the greatest infection rate of our registered clients is between the age group of 25-33 and 34-42 years. In children the greatest infection rate is among the age group of 0-5 years. This infection rate can be attributed to mother to child transmission.

CLIENTS REGISTERED BY AREA APR 2003-MAR 2004



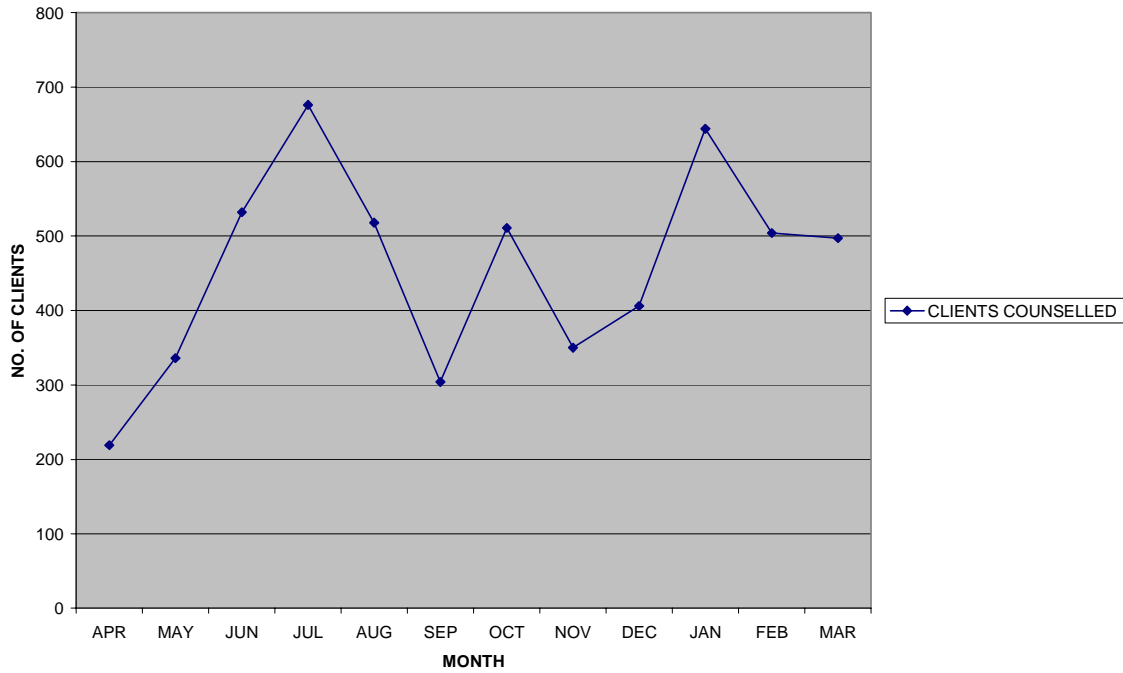
Most of our registered clients during this period were from Njeru and Jinja. This was because of the effective sensitization programmes we conducted in these areas, and at the same time Njeru is our home area. The number of clients from other areas can be attributed to the messages over the local FM radio.

CLIENTS REGISTERED BY PERCENTAGE APR 2003-MARCH 2004



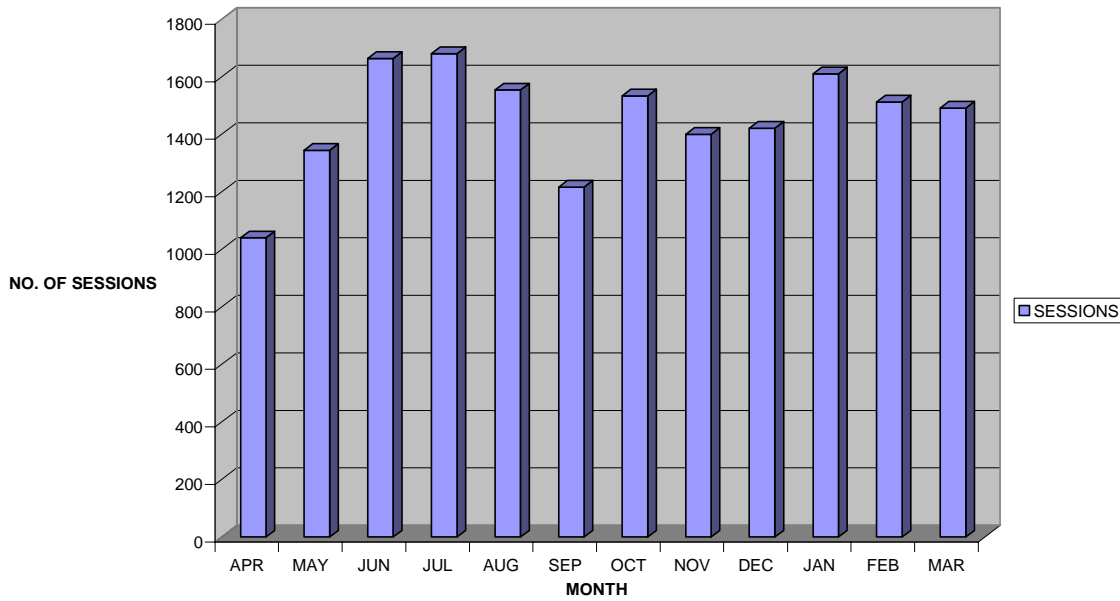
According to the graph, females take a big percentage of our registered clients followed by males. The children who were registered came with their mothers and were recommended by the doctor after diagnosis.

CLIENTS COUNSELLED APR2003-MARCH 2004



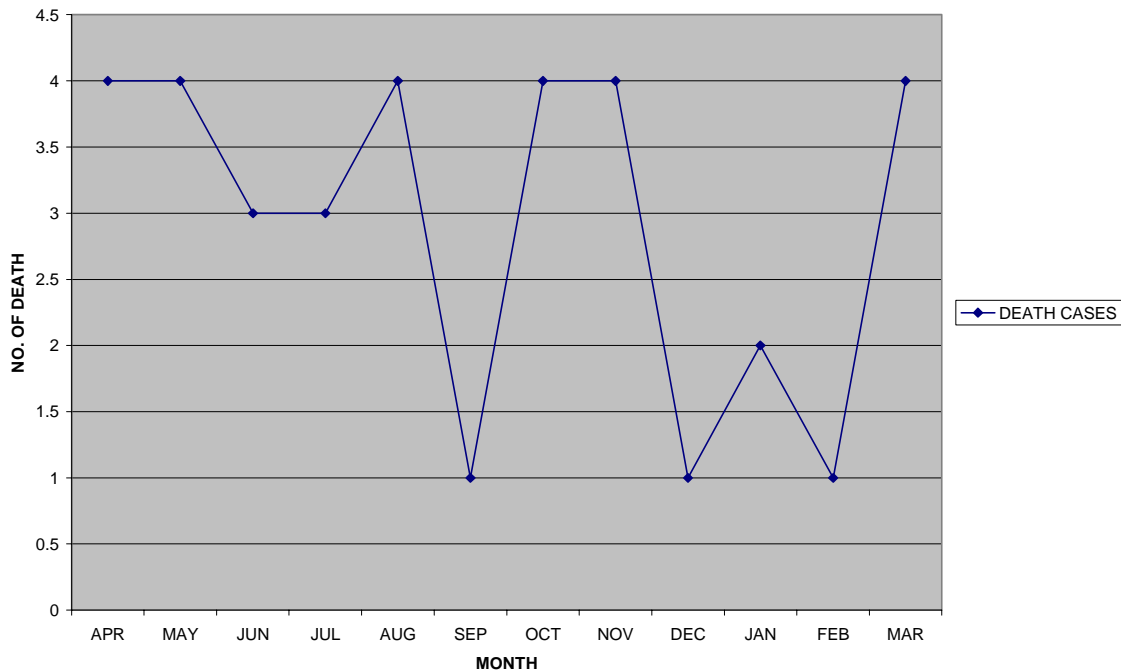
The number of people counseled started to increase from June to August because of the intensified community sensitization programmes by the drama group and the counselors. In September, the number dropped because we did not go out for sensitization. But when we resumed in October, the number kept on increasing.

**COUNSELLING SESSIONS APR 2003-MARCH 2004**



A total number of 17465 sessions were conducted between April 2003 and March 2004. they ranged from pre-test, post-test and on going counseling sessions.

#### NO. OF RECORDED DEATH APR 2003- MARCH 2004



A total number of clients who died were 35. The highest recorded number of death was in the months of April, May, August, October, November and March. These were brought when they were terminally ill.

#### HOMES VISITED APRIL 2003-MARCH 2004

A total number of 2880 homes were visited between April 2003 and March 2004. The purpose of these home visits was to check on our clients who were terminally ill and find out more of their concerns. These home visits are undertaken hand in hand with medical department.

Most of the clients we visited had improved and requested us to visit them more frequently.

#### FOOD DISTRIBUTION

During the home visits, we identified 1600 clients who were in need of food to supplement on what they had. (On their diet). We distributed among them 5000 kgs of maize meal, 3000kgs of rice, 2000kgs of beans, 1000kgs of sugar and 500 litres of cooking oil. We distributed the food while empowering them to grow their own food so as to reduce dependence.

#### HEALTH EDUCATION TALKS.

A number of health education talks were conducted at our out-reach centers. These talks were about the importance of good hygiene, balanced diet, proper condom use, the risks involved in having multiple sexual partners and early seeking behaviour in respect of HIV/AIDS management.

## **CONDOM DISTRIBUTION.**

Between April 2003 and March 2004, we distributed 78667 Condoms. This was during home visits, sensitization programmes and others were distributed by our Community Counseling Aides (CCA's).

## **SENSITIZATION AND AWARENESS APRIL 2003-MARCH 2004**

St. Francis drama group staged a number of sensitization shows in Njeru west, Wakisi, Kalagala, Kirugu, Kinabi, Mbiiko, Buteema, Wabusanke, Bujowali, Namiyagi, Nakibizzi and Naminya. Many people attend these shows.

These sensitization shows improved on community awareness about HIV/AIDS. As a result, a number of people came for voluntary counseling and testing (VCT). Others also came for treatment of STD's.

Table 1 and 2 below show the results of sensitization in the communities.

TABLE 1.

### **People attending sensitization and education drives by gender and area.**

#### **Results of sensitization in the communities.**

#### **ko, Buteema, Wabusanke, Bujowali, Namiyagi, Nakibizzi, and**

<b>Community</b>	<b>Females</b>	<b>Males</b>	<b>Children</b>
Njeru west	370	351	297

Wakisi	340	294	280
Kalagala	320	280	275
Kirugu	150	90	35
Kinabi	60	45	40
Mbikko	310	180	130
Butema	60	20	55
Wabusanke	80	40	35
Bujowali	85	50	60
Namiyagi	70	60	40
Nakibizzi	120	70	50
Naminya	250	200	150

**TABLE 2**

**PEOPLE WHO RESPONDED AND ATTENDED VCT**

<b>Community</b>	<b>Females</b>	<b>Males</b>
Njeru west	60	34
Wakisi	55	25
Kalagala	47	26
Kirugu	52	49
Kinabi	-	-
Mbiko	54	27
Namiyagi	28	38
Nakibizzi	77	54
Naminya	127	45

We also staged video shows about how sexually transmitted diseases (STD's) can affect the health of a person. As a result, many people came for treatment.

Below is the table of places where the shows were taken and the number of people who attended.

**TABLE 3.**

**PEOPLE ATTENDING VIDEO SHOWS BY GENDER AND AREA.**

<b>Community</b>	<b>Females</b>	<b>Males</b>	<b>Children</b>
Mbiko	150	95	90
Kiryowa	100	80	95
Bukaya	80	80	75
Naminya	105	70	50
Buziika	120	80	60
Kitigoma	80	40	35

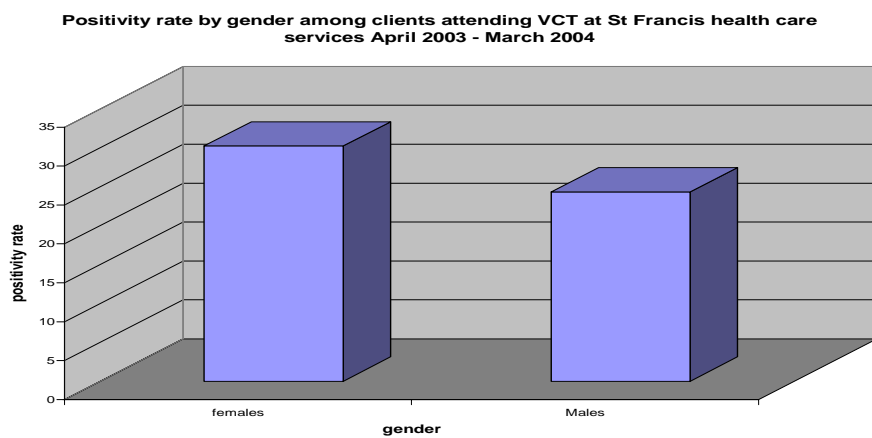
ENDING VIDEO SHOWS BY GENDER

AND AREA.plc who  
attended.STD'

Luwala	50	35	20
Konko	70	40	35
Kalagala	110	90	40
Butema	60	45	30
Bulumagi	70	60	50
Buloba	50	30	40

## VOLUNTARY COUNSELING AND TESTING APRIL 2003 TO MARCH 2004 (VCT)

*Graph 1*

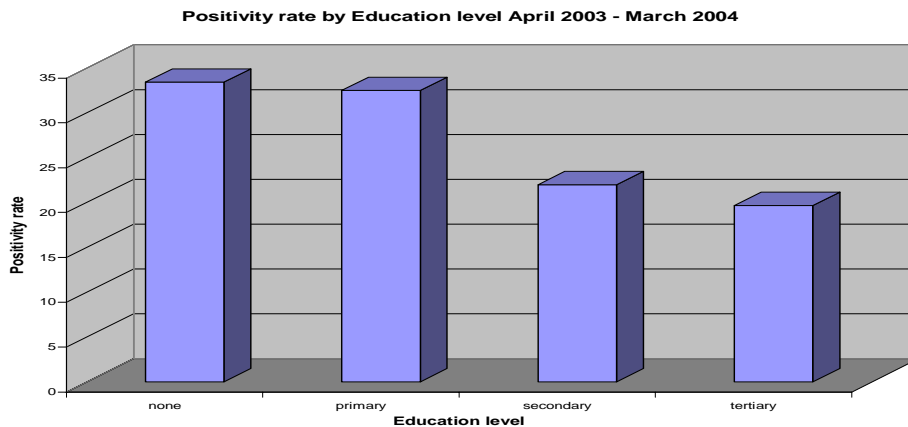


The above graph 1 shows the HIV positivity rate of people seeking voluntary counseling and testing at St Francis health care services during the period April 2003 to March 2004. From the graph 30.3% (n = 1329) of the female and 24.4 % (n = 957) of the male clients who sought VCT services at the centre were HIV positive. The above includes both VCT at the centre and during outreach visits.

The graph 2 below shows the HIV positivity rate by education level among clients attending VCT at ST Francis health care services during the period April 2003 to March 2004.

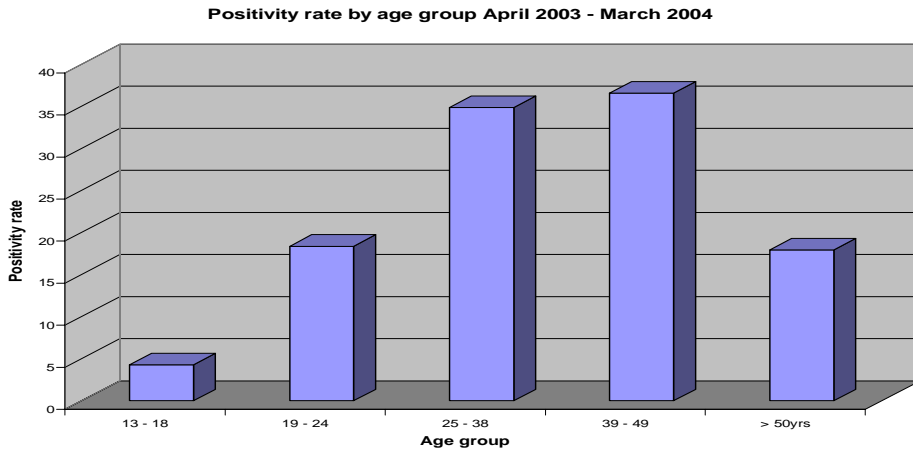
From the graph 33.4% (n = 356) of those with no formal education, 32.5% (n = 895) of clients with primary level, 22% (n = 918) of those with secondary level and 19.7% (n = 117) of the clients with tertiary level were found to be HIV positive after undertaking VCT at the centre. From the above we note that the clients with secondary education and tertiary education had a positivity rate much lower than those posted by clients with primary or no formal educational education. In summary therefore formal education in this case seems to empower the individual to protect him or herself from HIV infection.

### Graph 2



The following graph 3 below shows the positivity rate by age group for the period April 2003 - March 2004.

### Graph 3

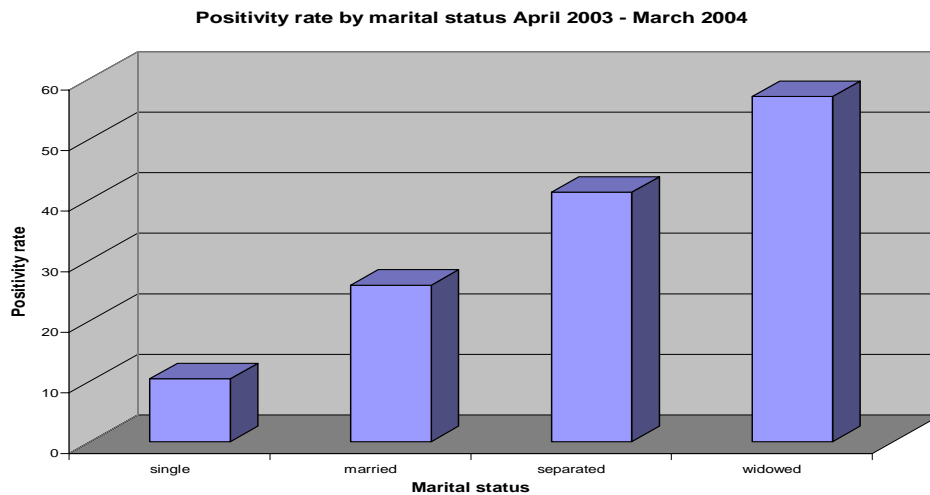


From the graph 3 above we note that the positivity rate of the 19 – 24 age group (18.4% where n = 392) is more than four times that of the 13 – 18 age group (4.3% where n = 234). This trend continues albeit at lower margin with the positivity rate of the 25 –38 age group (34.9% where n = 1044) and the 39 – 49 age group (36.6% where n =421) being at least twice the rate of the 19 – 24 age group.

It is evident from the graph that HIV is most prevalent after the 19 – 24 age group.

The graph 4 below shows the HIV positivity rate by marital status among VCT clients at the centre during the period April 2003 - March 2004.

### Graph 4



From graph 4 above, the HIV positivity rate was lowest among the single at 10.4% (n = 606), and highest among the widowed at 57% (n = 291).

It should be noted that the majority of the single were school going children. From this we note that the prevalence of HIV is about three times as much in the married couples than among the single. It is also about one and half times to twice as much in the separated and widowed than in the married couples.

Thus from all the previous graphs we can note that HIV prevalence is lowest among the young age groups below 24 years and those who are single. It is also markedly lower in populations that have at least attained senior secondary education as compared to those with primary or no formal education at all.

Finally all the above results were derived from the 2286 individuals who sought VCT services from St Francis Health Care services in the period April 2003 – March 2004.

Table 1 and graph 5 below further illustrate the distribution of these individuals by area of residence.

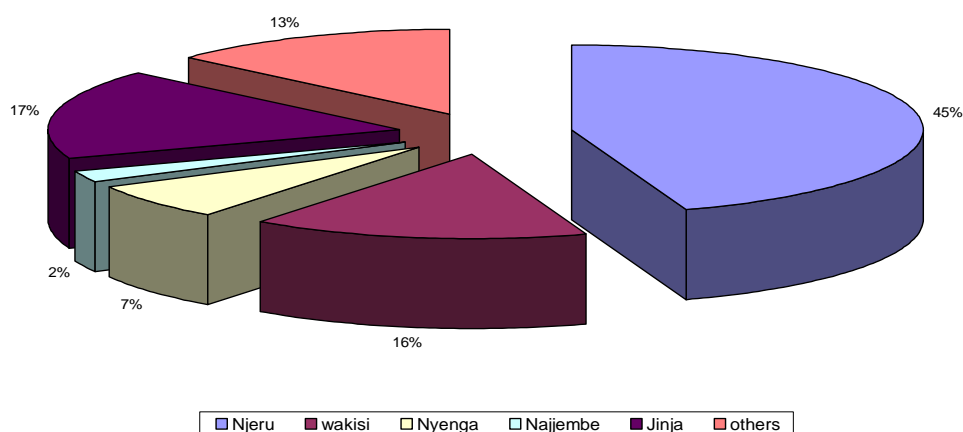
Table 1.

Clients tested by area of residence April 2003 - March 2004

area	clients tested	% of total
Njeru	1025	44.838145
wakisi	356	15.573053
Nyenga	155	6.7804024
Najjembe	49	2.1434821
Jinja	394	17.235346
others	307	13.429571
<b>Total</b>	<b>2286</b>	<b>100</b>

**Graph 5**

Clients tested by area of residence April 2003 - March 2004



From the above it is evident that the majority of the clients seeking VCT services from St Francis Health Care services resided in Njeru town council, Jinja town and Wakisi sub-county. The category others refers to clients who resided in

places outside our current operational area. Nyenga and Najjembe sub-county had few clients seeking VCT services from the centre during this period.

## **SOURCE OF INFORMATION ABOUT VCT SERVICES**

When people are asked about how they got the information about voluntary counseling and testing services at the Centre, their response was as follows:

55% said through friends, 32% said through mobilization and 13% said that they heard over the radio.

## **RESULTS CONTINUED**

### **HIV/AIDS ORPHANED AND VULNERABLE CHILDREN (OVC)**

The Orphans Needs Assessment carried out early on recommended as a matter of priority, continued education for the orphans. The project however, included vulnerable children who more or less experience the same problems as orphans.

The following guidelines were set to implement the OVC project:

1. Orphans are children whose Guardians/Mothers are registered clients or fathers/both parents were registered clients of St. Francis Health Care Services.
2. Vulnerable children are of unknown or estranged marriages with vivid problems.
3. Application forms were designed (a sample is attached).
4. Applications were to be received by the Administrative Assistant.
5. A committee of 5 people comprising of the Chairman, Secretary/Programme Coordinator, Administrative Assistant, a woman Board member and the counselling supervisor was formed to interview guardians/pupils and approve the applications.
6. A list of successful applications would be put on the notice board.
7. Payment of school fees to schools would be paid by Cheques where students were many. Otherwise the Accountant would be direct to Schools.
8. A staff was chosen to monitor the children's attendance.
9. Once every Saturday the pupils /students would have shadow-idol talks at the centre and twice in the Holidays.
10. The Board of Directors OVC Committee would sit once every term to review the project progress.

There was a consensus with parents that only school fees to supplement UPE should be paid in respect of Government aided schools, and all the fees paid in respect of Private schools. This was done in order to cover as many pupils as possible in Primary Schools, and double the number of students in Secondary schools as opposed to the proposed 50 students.

**CHILDREN SUPPORTED.**

**1. Primary School going children 1<sup>st</sup> term 2004 (January 2004 – April 2004).**

Standard	Females	Males	Total
Standard 1	68	75	143
Standard 2	52	63	115
Standard 3	52	61	113
Standard 4	47	59	106
Standard 5	49	38	87
Standard 6	30	37	67
Standard 7	4	6	10
<b>Grand total</b>	<b>302</b>	<b>339</b>	<b>641</b>

**2. Secondary School going children 1st term January 2004 – April 2004.**

Form	Female	Male	Total
Form 1	0	0	0
Form 2	24	18	42
Form 3	19	11	30
Form 4	15	7	22
Form 5	0	1	1
Form 6	4	6	10
<b>Grand total</b>	<b>63</b>	<b>42</b>	<b>105</b>

**3. Tertiary Institutions**

Makerere Business Institute.	1
<b>Total</b>	<b>1</b>

***THE SHADOW IDOL PROGRAMME***

St. Francis Shadow Idol club is mainly for the Orphans and vulnerable and the ones particularly affected and infected by the HIV/AIDS Virus. its major aim is to help the orphans envision what they want to be in future by giving them live examples of people who have made it in life.

The shadows idols club visited the Straight Talk Foundation and signed a memorandum of agreement with the straight talk foundation.

The St. Francis Shadows idols club agreed to supply the straight talk to various youth groups and implement adolescent friendly approaches to various youth groups.

The Shadow Idol Programme is also to enable the orphans take personal decisions relating to HIV/AIDS transmission and the facilitation of preventive behaviour.

In helping the youth evaluate on the personal risks of HIV/AIDS and facilitation of preventive behaviour. The Shadow Idol programme involves the youths in various activities and different educational topics of which the youth are actively involved in. The shadow idol programme has so far covered reproductive health topics for example, sex at the right time, sexually transmitted diseases, staying away from sex, peer pressure, good friends, growing up and changing living positively to mention but a few. The good news is that the shadow idol club has also formed another club within its self to educate other youths on the dangers of early sex and its consequences.

The Shadow Idol club has gone to various secondary schools for sensitization. The club has visited three different secondary schools which are Lords Meade, St. Noa Mawagali and Buwenge College School. The purpose of these visits were to educate the youth in schools about HIV/AIDS and its consequences to young people.

The shadows club has also started home visits to families severely affected and infected with the HIV/AIDS. The purpose of this is to lend a hand to this families both physically by doing any work that these families request for example gardening, helping the families repairing their mud houses.

The orphans hosted three guest speakers, namely: a professional doctor, a lawyer both Mechanical and an agriculture Engineer, a Musician who is a doctor to mention but a few.. These professionals guided the shadow idol members to know what it takes to be of such profession.

The shadow Idol club also invited an expert on drugs and substance abuse to talk to the youth about drugs and their effects. The attendance of the youth was quite good and this can be seen from the table below

Table showing "shadow idol" youth attendance by gender and month April 2003 – March 2004

<b>Month</b>	<b>Females</b>	<b>Males</b>	<b>Total</b>
April	150	162	312
March	158	160	318
June	188	164	350
July	220	164	384
August	228	160	388
September	186	160	342
October	196	168	364
November	219	148	367
December	220	180	400
January	226	182	408

February	206	184	390
March	202	164	366

During holidays, that is the month of November and December, the number increased because the youth are at home and they come to the club twice a week. This can be seen from the table above. The centre offers them Breakfast and Lunch in the mean time they get involved in different activities.

## 11. LESSONS LEARNT.

During mobilization and identification of orphans and vulnerable children we found that, indeed there are many orphans and vulnerable children. In the plan we had anticipated to help only 600 orphans in primary and 50 in secondary schools, but we were overwhelmingly surprised to register 1,500 orphans in our catchment.

- We learnt that when people are helped to identify their needs they can participate to alleviate them.

We are encouraged with the level of achievement with the grant provided for income generating activities; people are doing wonderfully well.

- Another lesson learnt is that when people report early for treatment the health improves drastically compared to those with stigma who come when they are wasted. With stigma continuing to reduce, people cope with the disease hence living positively, and longer.
- Recommendations.  
Another baseline survey is need to study the orphan and vulnerable children criteria of selection, sustainability of school support. i.e. Children whom we are supporting for only one year are likely to stop school when funds are not available, this will have made no impact.

- More grants are needed to increase the number taking up income generating activities, as it has been proved that it empowers people living with HIV/AIDS to improve on their welfare.

## 12. MATERIALS PRODUCED.

- Two Radio sport jingos were produced one on voluntary counseling and testing which has been running for the whole year, and continuing for this year.
- Another was produced aiming at reducing stigma and discrimination. It concides with world AIDS campaign 2003-2004.
- 200 T. shirts were produced for Shadow Idol club members for world AIDS campaign.
- 5000 brochures were produced.

## 13.FUTURE PLANS:

- St. Francis has developed a 5 year strategic plan which was given to Ms. Amanda Wood, which we shall use to direct our plans form 2004-2008.
- The construction of our own centre has commenced and we hope to be in own premise in one years time.
- But challenges still exist in sustaining our programmes of Elton John AIDS Foundation expires this year in April. We hope the fundraiser, and the new board will have a big task to see that the 5 year strategic plan is implemented

strategic plan of which our activities are planned for 2004-2008 and we are going to do the following:  
ganizational commission.

### FUNDS ACCOUNTABILITY STATEMENT STATEMENT OF INCOME AND EXPENDITURE FOR PERIOD-APRIL 2003-MARCH 2004

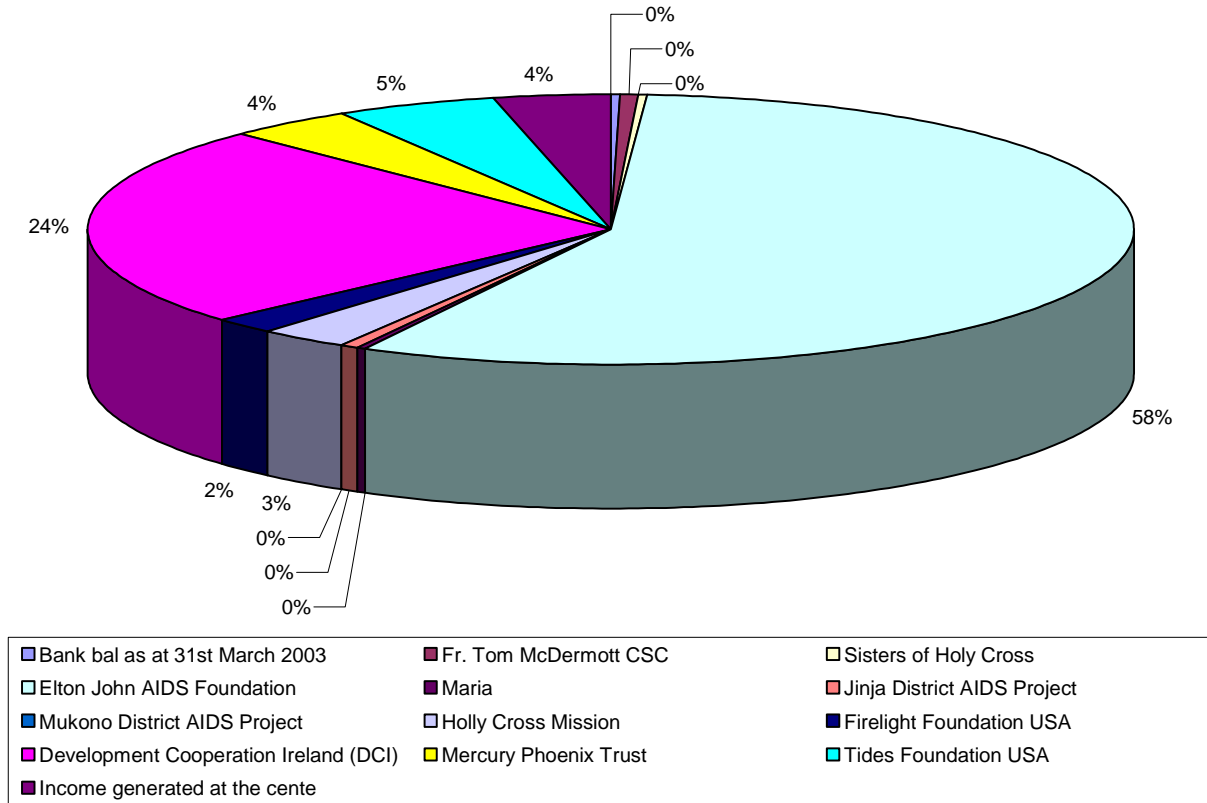
#### 1. Income;

• Bank bal as at 31 <sup>st</sup> March 2003	1,678,375=
• Fr. Tom McDermott CSC	1,948,000=
• Sisters of Holy Cross	950,000=
• Elton John AIDS Foundation	236,149,809=
• Maria	750,000=
• Jinja District AIDS Project	1,860,000=
• Mukono District AIDS Project	707,655=
• Holly Cross Mission	11,832,000=
• Firelight Foundation USA	7,824,246=
• Development Cooperation Ireland (DCI)	100,416,638=
• Mercury Phoenix Trust	16,375,000=
• Tides Foundation USA	20,723,690=

•	User Charge	14,723,690=
	Total Income	<u>415,971,863=</u>
2. Less Expenditure;		
A. Sensitization, Mobilization, Education		
•	Drama	11,739,450=
•	Workshops, Training & Consultancy	19,827,600=
•	Radio programmes	12,062,000=
B. Medical Support		
•	Home visits/care	2,303,000=
•	Procurement of drugs + sundries	45,538,832=
•	Fuel	21,677,916=
C. Office Administration;		
•	Taxes	1,416,780=
•	Registration fees	300,000=
•	Office running	3,248,680=
•	Annual stress management for staff	1,615,600=
•	Rent for Office Premises	6,860,000=
•	Water bills	138,000=
•	Electricity bills	681,400=
•	Postage & Stationary	4,359,750=
•	Email, Tel + Internet	5,967,535=
•	M/V Maintenance	10,288,500=
•	Bank charges	738,124=
•	Board Meetings	898,900=
•	Traveling expenses	792,000=
D. Social support;		
•	Client support/food	12,681,700=
•	OVC fees	59,117,000=
•	IGA's	12,993,000=
E. Volunteer allowance		
		86,022,000=
F. Construction		
		<u>28,937,980=</u>
Total expenditure		350,185,747=
Surplus/ Deficit		<u>65,786,116=</u>
		<u>415,971,863=</u>

Represented by Cash and Bank

### Sources of funds at St Francis Health Care services April 2003 - March 2004



- Budget for prevention and care for the financial year April 2003/2004 March were Uganda shs. 526, 747,000 (Five hundred twenty six million seven hundred forty seven thousand only. However, out of this, shs 415,971,863 (Four hundred fifteen million nine hundred seventy one thousand eight hundred sixty three shillings) was received. Leaving budget shortfall of shs 110,775,137. (One hundred ten million, seven hundred seventy five thousand one hundred thirty seven shillings).
- Total sum of Ten million two hundred eighty eight thousand five hundred. (10,288,500) was spent on the three organizations vehicles as general maintenance and overhauls
- Twenty eight million nine hundred thirty seven thousand nine hundred eighty shillings was spend during the year on construction of the counseling centre at Kasanja Zone in Mbiko. Most of these funds were generated from user charge. None HIV/AIDS patients and contributions from friends and well wishers (28,937,980).

