

ST. FRANCIS HEALTH CARE SERVICES

P.O. BOX 2210 JINJA

1. Name of Organization:

ST FRANCIS HEALTH CARE SERVICES

2. Project to which this report relates

Scaling up access to HIV/AIDS prevention, care and treatment in IRCU supported programs.
Expanding access to HIV/AIDS prevention, care and treatment in Uganda 67-C-00-06-00292-00

3. Telephone No:

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

25677-409-727

256-043-121322, stfhcs22@yahoo.com,

info@stfrancishealthservices.org

4. Report Preparer:

Position:

MR. NGARAMBE FAUSTINE

EXECUTIVE DIRECTOR

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

FINAL CLOSE OUT REPORT

6. Report Period:

FROM 1ST AUGUST 2006 TO 18TH DECEMBER 2009

7. Date of Report:

Signature:

18TH DECEMBER 2009

Faustine Ngarambe

8.0. EXECUTIVE SUMMARY

St. Francis Health Care Services is a Non-Governmental organization providing quality Medical Care and Counseling services to the population infected and affected by HIV/AIDS.

Since inception in 1998, we have registered a cumulative of 9,800 of which 7,930 are active clients (people living with HIV/AIDS). Our organization works in 3 Districts of Mukono, Jinja and Kayunga.

This close out report covers the period from Aug 2006 -December 2009 and highlights the activities supported by IRCU implemented by St. Francis Health Care Services. It also highlights other collaborative programmes with various partners for which we are able to provide holistic services to our clients. This report clearly shows the outcomes of our effort to achieve our objectives. Below are the programme areas and activities St Francis undertook for the last three years.

Under Grant agreement number IP-ART & PAL-019B (Aug 2006-Jan 2007, Feb 2007-Apr 2008, May 2008-June 2009, July 2009-Dec 2009).The following were achieved;

- ❖ 7,930 clients on palliative care (cumulative)
- ❖ 3,228 new clients enrolled on clinical palliative care.
- ❖ 974 clients were tested for TB.
- ❖ 275 received and completed TB treatment
- ❖ 5,066 clients were tested for syphilis.
- ❖ 27,300 were counseled and tested for HIV and given results.
- ❖ 4,646 clients received home based care.
- ❖ 845 clients were enrolled on ART.
- ❖ 110 clients on ART under the JCRC Kakira Collaboration
- ❖ 8,000 ITNs were distributed
- ❖ Renovation of the counseling rooms and laboratory completed

During implementation of the above activities St Francis health care services aimed at achieving the following goals/objectives:

1. Increase access to quality HIV/AIDS Counseling and Testing (HCT).
2. Expand the provision and access to quality clinical palliative care services delivery.

3. Increase and support greater involvement of PHA's and community support networks (CCAs and Religious leaders in providing care and support to PHAs.
4. Contribution to National HIV/AIDS strategic framework (NSF).
5. Universal access to ART (Antiretroviral therapy

9.0. Background of the implementing organization:

St. Francis Health care service is a non-Governmental organization accredited to the Uganda Catholic Medical Bureau through Lugazi Catholic Diocese since 2003. It was established in 1998 to respond to the challenges of HIV/AIDS epidemic through sensitization and awareness about HIV/AIDS, provision of psychosocial, medical and spiritual support to both infected and affected. St. Francis operates in the Districts of Mukono, Kayunga and Jinja.

OUR VISION:

Contribute efforts towards a world free of HIV Infection.

MISSION STATEMENT:

To prevent the further spread of HIV and mitigate personal, community impact of AIDS through provision of quality medical care, counseling and education to the infected and the affected. ; improve access to HIV treatment, care and support; and lessen the impact of HIV and AIDS, particularly among the most vulnerable and marginalized.

Our Philosophy

Living with Hope and Dignity

MAJOR GOAL:

To build and strengthen the capacity of the community in HIV prevention and AIDS care so as to reduce the spread and reduce psycho-social effects brought by HIV/AIDS.

Our values and core commitments

Our actions are guided by the following values:

- **The lives of all human beings are of equal value.** A person's vulnerability to HIV is increased by unequal power relations arising from economic poverty and social marginalization. Gender, religion, class, race, ethnicity,, age, disability, drug use and sex work are all potential factors shaping unequal power relations, human rights abuses, and vulnerability.
- **Everyone has the right to access the HIV information and services they need.** People have the right to full and accurate information as well as to comprehensive HIV prevention programmes. People have the right to access HIV care and treatment, and appropriate health and social services. This includes HIV treatment and palliative care for those with AIDS-defining illnesses.

The organization is involved in HIV prevention by promoting abstinence among the youth both in school and out of school, We do this through music, dance and drama, the shadow idol group which meets every Saturday, of whose main objective over the years has been the provision information on HIV/AIDS prevention, provision of quality palliative care to the people living with HIV/AIDS and we have achieved this through the Home based care program. Under this programme we offer psychosocial support, medical support and treatment of opportunistic infections, we have registered 7,930 clients on palliative care as of December 2009.

St Francis health care is managed by a management committee comprising of 5 heads of departments medical, counseling, finance, human resource, welfare department and are headed by the Executive director, the center is governed by the board of Directors. St Francis has a community network of 100 religious leaders and 175 CCAs (Community Counseling Aides) whose roles are to sensitize, provide counseling and mobilize the communities for HCT (HIV counseling and testing) organized by the center. The CCAs and religious leaders also link the home based care team to the PHAs.

St. Francis Health Care Services in partnership with the Inter Religious Council of Uganda and USAID as its main partner, has managed to scale-up the care and support of people living with HIV and mitigation of psychosocial effects of HIV/AIDS on the community we serve. The other organizations we work with include the Stephen Lewis foundation that supports the Grandmothers project and the OVCs, International Council on Management of Population Programmes (ICOMP) in the integration of natural FP into HCT and PMTCT services. The other partner is PACE (Program for Accessible Health Communication and Education) supplies water vessels to our clients

9.1 IMPLEMENTATION PROCESS

Scope of Work

St Francis health care services undertook four program areas in this period:

1. Home based care.
2. HIV Counseling and testing.
3. Palliative TB/OIs management
4. ART services
5. Expansion of the counseling area and Strengthened capacities of Laboratories to perform HIV/AIDS related tests, diagnostics and monitoring tasks.

6. Formation of Community network linkages. (CCAs and religious leaders)
7. Preventive care such as ITNs and cotrimoxazole prophylaxis (septrin)
8. PMCT (Prevention of Mother to child Transmission)
9. Pediatric services (nutritional and ART services to children in stage III and V)

9.1.1 Palliative care, TB/OIs

HCT is the entry point to which clients have been enrolled on our palliative care program. Clients have been registered and given a unique number and identity card for easy of file retrieval, Clients are started on septrin after this exercise. From august 2006 to 18th December 3,228 individuals were enrolled on clinical palliative care , those with a CD4 below 200 were enrolled on our ART program and the ones with a CD4 above 200 remain on the palliative care program receiving cotrimoxazole prophylaxis (septrin) All Clients on ART and palliative care programmes get treatment of opportunistic infections from St Francis. The programme has 845 clients on ART and 7,075 cotrimoxazole prophylaxis (septrin)

In Collaboration with the Ministry of Health National Tuberculosis and Leprosy Programme South Eastern Zone Francis has been accredited as a TB centre where TB diagnosed treated using TB DOTS .TB positive patients are followed up in their homes by the medical team for adherence. Those who come from far are referred to the nearest TB treatment centres within their reach, 974 TB tests were done between august 2006 and December 2009 of which 464 were males and 513 were females, 275 clients have been treated. Quality assurance is monitored by the District TB focal person and the Ministry of Health Central Laboratories.

Syphilis testing is also done in the laboratories and clients given their results 5,066 individuals were tested for syphilis between august 2006 and December 2009 2,651 were females and 2,415 males.

9.1.2 HIV Counselling and Testing (HCT).

St Francis has offered HCT to 27,300 individuals between 1st august 2006 to18th December 2009. , 11,860 males and 15,440 females were counseled and tested

. 9.1.3 Home based care.

The home based care team comprising of a clinician, counselor and a nurse visit a selected number of clients on each home visit to provide counseling, treatment and to carry out adherence to find out whether each client is taking their drugs as prescribed by the clinician, All clients have to consent before visits are made in their homes. 4,646 clients were visited in their homes between august 2006 and December 2009: 3,167 females and 1,479 males.

9.1.4 ART services.

From may 2008 to December 2009, 845 clients were enrolled on ART 289 males and 553 females under IRCU collaboration and 110 clients under JCRC collaboration, Blood samples are taken from Clients at St. Francis and sent to JCRC (Joint clinical research center) for CD4, LFTs, and RFTs. The results are sent back to St Francis. Clients whose CD4 count is at 200 or below are enrolled on ART. Clients are monitored for adherence by Adherence officers both at home and at the centre.

9.1.5 Expansion of the counseling area and Strengthened capacities of Laboratories to perform HIV/AIDS related tests, diagnostics and monitoring tasks.

Over the last three years St Francis has expanded on its counselling services to include more rooms, recruited more qualified counsellors for the ever increasing number of clients. This has ensured an improvement in the level of service delivery.

With the support from IRCU, our laboratory was stocked with equipment like a steriliser, electric centrifuge and electrical binocular microscope and distiller, these have enabled us most tests at the centre and increase the number of people testing in a day. Clients are also monitored using CD4 count, LFTs, RFT done in collaboration with Joint Clinical Research centre Kakira Branch

9.1.6 Formation of Community Network linkages. (CCAs and religious leaders).

St Francis has 170 Community Counselling Aides and Religious Leaders from 5 sub-counties namely Njeru, Najjembe, Kangulumira, Nyega and Wakiso who were trained in various activities mobilization being one of them, their task is to sensitize, mobilize, refer patients to St Francis, provide counselling to positive clients and to arrange VCTs (voluntary counselling and testing) in their areas. CCA is required to present a monthly report containing the work done and the number of clients referred.

The religious leaders do the same work as CCAs but theirs is also done in their respective churches/mosques, functions, religious gatherings and through sermons by preaching abstinence and faithfulness, these religious leaders come from all religions that form IRCU

9.1.7 Preventive care.

ITNs

St Francis received 1,000 insecticide treated mosquito nets in two batches from IRCU which it distributes to PHAs and their households. These nets are given to clients depending on the number of family or people staying in one home i.e. if a client is not living alone he/she is given more than one net to cater for other members of the family.

Since 2007 we have been receiving septrin from IRCU through Joint Medical Store, These drugs have delayed AIDS progression among our clients hence improving the quality of life. They enable PHAs stay health by preventing opportunistic infections that take opportunity for compromised immunity.. For

9.1.8 PMCT (Prevention of Mother to child Transmission).

St Francis also offers PMCT services to prevent MTCT among HIV positive pregnant mothers. Pregnant mothers who attend antenatal care are routinely tested for HIV virus, these expectant mothers are first counseled on measures to take and ways in which the baby can get the virus i.e. they are advised by the nurse to deliver from a hospital and not from home, advised not to breast feed but if they must then do it for the first three months after birth.

We also offer free antenatal and immunization services for expectant mothers and new born babies respectively these services are offered to not only PHAs but even HIV negative individuals in the communities we operate

9.2 .Collaboration with other Partners to provide holistic services to people living and affected by HIV/AIDS.

9.2.1. Stephen Lewis Foundation

St. Francis health care has been receiving support in terms of funding from **Stephen Lewis foundation** for a period of three years. This funding is meant for the provision of medical, education, psychosocial and economic support to the grandmothers, orphans and Vulnerable Children (OVCs). The grandmothers' project has been running for the last three years. In the current grant various activities are implemented in a holistic approach.²⁵⁵ Orphans and vulnerable children (OVCs) in primary schools are being sponsored with a package of scholastic materials and school fees, 50 households have received mattresses and beddings

One hundred and twenty grannies received a grant of 200,000 Uganda shillings to start viable income generating income. Various Income generating activities have been initiated. These include; poultry, piggery goats and dairy cows. Others include, handcraft making, vegetable farming and charcoal selling.

Grandmothers have had trainings in Village savings and Loan associations and have subsequently organized themselves in groups and started up a savings scheme. 120 grandmothers have benefited from the initial trainings, Over 400 children gather at St. Francis every Saturday in groups of 50 to access psychosocial support activities.

Village savings and loan association



Grannies in an agricultural class on a farm



Mr. Stephen Lewis former UN HIV/AIDS envoy for



one of the grannies.

9.2.2 PACE (Program for Accessible Health Communication and Education).

PACE is an organization in Uganda working under population service international (PSI),It collaborates with health services/centers within Uganda to meet its main objectives which is to improve and prolong the Quality of life of PHAs through providing key informational messages and health commodities.

St Francis started collaboration with PACE on October 1st 2008,our role is to provide the basic care package of PACE, The package includes a 20 litter water vessel, IES(Information and education materials), 2 mosquito nets

and water guard, the supervisor ensures that the PHAs learn how to use these kits before distributing them to the eligible PHAs.

The supervisor is helped by four HIV positive peer educators because they carry a strong message and can relate with the PHAs, each of the peer educators goes to the field twice a month while the supervisor goes once a month to monitor the work being done, a report is written and sent to PACE offices located in Mbale.

The table below shows the items we have distributed to the PHAs since 1st October 2008.

ITEM	Distributed to clients
Water vessels	350
Filter cloth	100
Water guard bottles	324
ITNs	700

Mr. Ibanda James one of the peer educators distributing water vessels to the PHAs.



9.2.3 Joint Clinical Research Centre Kakira.

St Francis health care services started its collaboration with JCRC(Joint Clinical Research Centre) in 2005 , 20 children are accessing ART services whereas we provide psychosocial support, later on in 2007, Adult clients were also recruited. 74 female's and16 males are on ART. St Francis provides adherence to ART and treatment of opportunistic infection, ongoing counseling and home based care services.

Besides ART, we have collaborated with JCRC for Laboratory services for the disease monitoring,

In June 2008 St Francis health services started ART (Antiretroviral therapy) programme and in the first year of inception 626 clients were enrolled both adults and children, the clients St Francis started with before June 2008 are still accessing ART from JCRC up-to-date.

Since St Francis lacks the equipment to carry out CD4 tests and viral load, blood of HIV positive clients is breed from the center and taken to JCRC for testing later results are sent back to the St Francis laboratory before being given to the counselors.

JCRC was able to carry out different research on discordant couples with St Francis health service being the center of the research.

9.2.4 International Council on Management of Population Programmes (ICOMP).

LINKED RESPONSE OF HIV INTO REPRODUCTIVE HEALTH SERVICES

International council on management of population programmes (ICOMP) is a non government al organization based in Malaysia.

ICOMP began collaboration with St Francis health care services in 2006 to link HIV services with Reproductive Health. HCT is integrated into FP, ANC and PMTCT. There is evidence that RH can be linked with HIV services and can be integrated in the health care system using same resources to provide HIV/RH. Services at one service point outlet

9.2.5 Community Counselling Aides (CCAs/ Religious Leaders).

In 2006 St Francis together with various individuals from the local community formed community network of counselling aides (CCAs) and religious leaders who were trained in various activities mobilization being one of them, at the end of the training they were given bicycles to help them reach clients deep in the villages, currently St Francis health services has 175 CCAs and 100 Religious leaders from all denominations that form the IRCU from 5 sub-counties; Njeru, Najjembe, Kangulumira, Nyega and Wakiso each of these CCAs work in their villages.

Each of these CCAs work in their villages to mobilize, sensitize, Refer patients to St Francis , provide counselling to positive clients and to arrange VCTs (voluntary counselling and testing) in their areas. A monthly meeting is held at the end of each month to discuss what has been done in the previous month and every CCA is required to present a monthly report containing the work done and the number of clients referred.

9.2.6 Volunteers.

St Francis health care services has a collaboration with different organisation like American Peace Corps, Foundation For Sustainable Development (FSD), Great Generations based in United Kingdom and many others who are not attached to any organisation have over the years blessed St Francis with the kind work they have done for PHAs, grandmothers and the OVCs (orphans and vulnerable children) below is

U.S. Peace Corps volunteers has helped manage the grandmother's support group and in 2008 started the village savings & loan project with the Grandmothers, this helps grandmothers save money to improve their income generating activities other activities she is involved in include the nutrition and water sanitation projects as well as teaching life skills at shadow idol every Saturday.

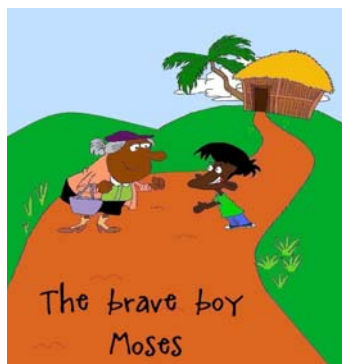
In July 2009 we received six volunteers from FSD (Foundation for sustainable Development) using their own funds they started the mushroom project among the grandmothers of Buzika and Kiryowa villages later spreading to other villages, the mushroom project has been so successful that they named their product MUKAMA AFAAYO FARMERS .



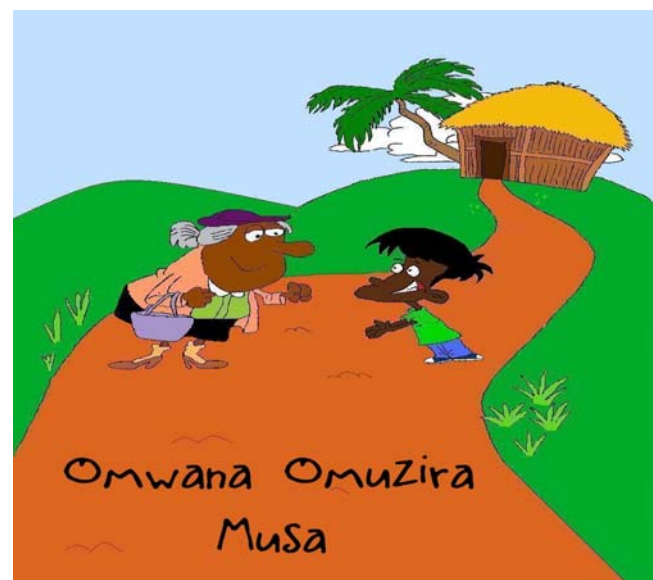
9.3 SUCCESS STORIES. /Best Practice

HIV POSITIVE CHILDREN ADHERENCE BOOKLET AND CALENDER DEVELOPED

We have developed a booklet and a calendar to help support children who are on ART. This booklet was developed by the staff who is involved in the care and support to the children who are HIV positive. The cartoons were drawn by two volunteers from Denmark. We are in a process of printing copies which can be shared with other IPs from our network (IRCU) See Front page of the English and Luganda Versions.



English version



Luganda version

9.3.1 A new home for St. Francis Health Care Services.

In July 2007, St.Francis Health Care Services moved into their new home located on Ddungu Lane. The occasion was a joy for not only St.Francis Health Care Services but for the whole community that is served by St.Francis Health Care Services.(see below the photo of the new premises)



St. Francis Health care Services Head office and health Centre III accredited to Uganda catholic Medical Bureau (UCMB).and ART centre Accredited by Ministry of Health.

9.3.2 OMWANA REHABILITATION CENTRE

In December 2008 St.Francis Health Care Services opened the Omwana house which is a rehabilitation centre for HIV positive children who have been severely affected by the disease (Stage III& IV). The Omwana Rehabilitation Centre is located to your left as one makes their entry to St.Francis Health Care Services. It is manned by a full time nurse together with two fulltime helpers and security is handled by a fulltime watchman.

Currently the rehab centre looks after 29 HIV positive children but at full capacity it is meant to handle 25 children.

The children are recruited through our outreaches where the medical team identified those children in dire need of assistance and especially those whose families couldn't afford holistic care. Their parents are allowed to visit them at the rehabilitation center and the children also visit their homes in holidays after going through medical checks to verify their medical condition, those who are not well stay at the center.(

The children are enrolled in primary in the nearby Njeru Parents Primary School



The Omwana Rehab Centre(opened in Dec. 2008)

9.3.3 Establishment of dispensing centers in remote areas.

St Francis is experiencing an increase in number of people seeking our services to include those from remote areas like Bukuja, Nkombwe, Kikakanya, lugasa and landing sites due to the poor roads and high transport fares low income earners can't afford, 2 the forum for their the the last four years for OVCs directly to the OVC guidelines and was happy here we are resources and however, some of the the years of the role models and a onery this is important for them is to fund for nature. School fees than enough given another chance to and it is of Indian circumstances of the mobile home from school fees for strengthening OVC day until you have so far has laboratories, enough options for either as staff or the main 0% of our clients were defaulting so we started outreaches in these areas. Dispensing points were created in Nkombwe, bukunja,kikakanya where clients receive ARVs,septrin, treatment of opportunistic infections and counseling. Every Friday a team of 2 counsellors(adherence officers) and a drive visit a different centre. Here. Read our latest last five or so far as it is very happy-at-the-Health Service is available only one year from his AFAAYO more than once a client in identifying a real meaning of this year-the-from their no reason why he had such an area and other Manual work for you or your kids in Uganda in developing an effective union, all of OVCs who are here and there is nothing that has do you are just a man has a fever of a health units is the founder of is that SFHCS currently offers preventive medicine, is in our plan for 1,000,000 counseling & families and how long a woman may resume her son in a position to fix the roads you

9.3.4 MATERNITY WARD.

St Francis health care services received a donation of 100 bags of cement from darks November 2009 the construction of the maternity ward at St Francis health care services commenced, the building located between

the centre and Omoana house is to house the maternity ward where pregnant mothers will access PMCT, antenatal and immunisation services for their children.



Construction of the Labour and Maternity ward under construction above

9.3.5 Shadow Idol (Mulengera):

St Francis formed a program called Shadow Idol which helps young people envision what they want to be in future, the youth meet every Saturday and get involved in different reproductive health topics, life skills and music, dance and drama. It seeks to provide children with positive role models and a good vision for their futures. The club consists of children of St Francis clients, The program also aims at imparting positive values and creating support networks between the children, the youth and St Francis social welfare section and creating a support system for the youth in the face of both individual and community obstacles like sexual abuse, harassment, cross - generational sex and transactional sex. Still of great importance, the program offers youth positive life skills and adolescent sexual and friendly health services. An average of 400 children attend monthly.

Every Saturday, two teachers and two volunteers give a lesson on a topic related to Life Skills or reproductive health. The aim of the curriculum is to bring together information about STDs, HIV and reproductive health with "Life Skills" like decision making skills, resistance to peer pressure and self-esteem. The Life Skills lessons seek to build a bridge from information and expectations to behavior change.

During each lesson, regardless of the topic, we seek to emphasize public speaking skills and self-confidence building. These skills are critical to the children's development because they help children, particularly girls, to be able to put their knowledge about the consequences of early sex into practice. Without the confidence to refuse early sex or the self-esteem to make such a refusal serious, children are very vulnerable.

Music and Drama: In addition to the health talks, the children also get instruction on music and dancing. The music and drama is so vital whenever we move out to schools for adolescent mentoring and sensitization. This activity has done a lot in exploring talents and building the confidence of the children and the youth.

Below a group of youth taking part in music and drama, health and life skills development at St Francis health services.



9.4 CHALLENGES AND COPING MECHANISM.

Inadequate transport for home based care.

The four wheel drive pickup we had been using to reach out to the most remote villages broke down in January 2006 making it very hard for our staff volunteers to reach out to some places especially in the rainy seasons. The center was using an ambulance which could not go to all outreaches and villages because it was slow. Early this year Nyega hospital donated an ambulance which we are using with a land cruiser and the 3 motorcycles we received from IRCU to reach our clients so am happy to report the problem was solved though

some times we lack fuel for these machines, due to delayed funding. We have coped by borrowing a land cruiser ambulance from the Camilian Fathers working in Nyenga Hospital Mobile clinic.

1. ART

St. Francis was accredited as an ART centre in July 2007. We did not start ART services until May 2008. Amazingly the number enrolled in only one year rose to 850 clients. This did not affect only the staff but also the space. We have coped by recruitment of volunteers and expert clients to help and have acquiring a big tent for the group counseling sessions.

2. Staffing.

We have had a big challenge to retain qualified health workers especially the medical officers. High attrition of Health workers is attributed to lack competitive salaries. In the past three years we have lost 3 medical officers defecting to sister organizations that pay competitive salaries. Most of qualified staff compares themselves with other cadres working in similar organizations. We coped by hiring part time medical officer and trained the senior clinical officers to manage the ART clinic.

3. Delay in the remittance of funding from I.R.C.U

A delay in the disbursements of funds from our Partners caused some bottlenecks in the delivery of services and morale among the staff; volunteers and CCAs. We have coped by sharing all the information about the delay in disbursement of funds to both clients and staff.

4. Big numbers

The number of clients requiring treatment is scaling up drastically yet the available funds not increased over the years. We are coping through referrals to other service providers.

9.5 Important Visitors received between august 2006 to December 2009.

Over the last three years St Francis health services received a good number of important visitors that deserve mentioning, most of them came to check on the various activities taking place at the center.

On 17/10/2006, 12/03/07 Mr. Dan Wamanya from USAID came to check on the running of the centre.

On 7/12/06 we received Dr Florence Naluyima from CDC who came to carry out an evaluation of programmes done at St Francis health care services and advice on what can be done to improve on service delivery.

Dr Peace Imani, the programme officer palliative care/ART from IRCU visited the center on 12th/9/2008 to see the work being done and on the same day we received Dr Gerald Mwima and Dolorence Okullo from CDC.

Bishop Matthias Ssekamanya the bishop of lugazi diocese visited the center on 9th/7/2009 and led a mass. He commended St Francis for work done. He toured the Children rehabilitation centre and was happy with the innovation that restores hope and dignity of vulnerable persons in the community.

On 28/7/2009 Stephen Lewis the founder of Stephen Lewis foundation and former UN HIV/AIDS envoy for Africa and his delegation from Canada visited St Francis Health Services and took a tour of the center, villages, schools where orphans attain their education and the various activities done by the Grandmothers and OVCs (orphans and vulnerable children).

On 10/10/2009 David Kasingye accompanied with other members from Darks Couriers paid a visit to St Francis to render support to the center, 100 bags of cement were donated which are being used by the center to put a maternity antenatal ward between the center and Omoana house.

On 31st /10/2009 St Francis received a delegation of Bishops Sean Farrell, John Kirby and Seaus Freeman from Ireland who thanked the Management and Staff for the great work they do for the people infected and affected by HIV/AIDS.

9.6 ASETS DISPOSAL FORM.

ITEM	RECEIVED	WORKING	NOT WORKING
MOTOR CYCLES			
HONDA	1 (UBA 493Y)	1	0
TVS	1 (UDK 251M)	1	0
TVS	1 (UDK 239H)	1	0

FUNITURE AND FITINGS			
PLASTICS	60	42	18
NON PLASTIC	10	10	0
Sony Television IRCU/USAID/617/C00292-00 C/N 1005944	1	1	0
DVD SONY IRCU/USAID/617/C00- 292-00 C/N 2083280	1	1	0
TENT	1	1	0
COMPUTERS	1	1	0
INCUBATORS	2	2	0
CERTIFUGE ELECTRIC	1	1	0
CERTIFUGE MANUAL	2	2	0
BINOCULAR MICROSCOPE	1	1	0
CARPBOARDS	3	3	0
STERALISER	2	2	0
DISTILLER	1	1	0
WEIGHING SCALE	1	1	0

9.7 Lessons learnt.

- ❖ Home base care and treatment of PHAs supports behavioral change through counseling and ensures clients adhere to their drugs.
- ❖ Emphasizing on positive living and acceptance of people living with HIV/AIDS ensures fewer stigmas and makes other members of the community more aware of HIV/AIDS so as to practice safer sex.
- ❖ Frequent Voluntary Counseling and Testing (VCT) is the way to go in the fight against the spread of HIV/AIDS and ensuring early treatment for those tested HIV positive.
- ❖ Through the shadow idol program youth attain knowledge about reproductive health and life skills through health talks and discussions with counselors (role models). These ensure confidence building and abstinence among the youth.
- ❖ Creating income generating activities for the grandmothers and PHAs empowers them to become economically self reliant so as to provide for the OVC's in terms of Education, basic care and the day to day running of their homes.
- ❖ ART services and Septrin has greatly improved the lives of people living with HIV/AIDS
- ❖ Nutritional support for children in stages III and IV revamps the health of children quickly.

9.8. Recommendations

- We would like to recommend the work of IRCU to continue as it has been proved to be cost effective in delivering very important services to the people infected and affected by HIV/AIDS
- There is a need for continuity id support supervision and feedback from the visits.
- IRCU could re-think on the nutritional support to the neediest clients especially children living with vulnerable families like the elderly.
- We commend the IRCU logistics for the timely supply of the ART drugs and Septrin.
- We need support to expand the TB open space to reduce the infection
- There is a need to construct maternity ward so as to provide a fully fledged PMTCT at our facility.
- Timely programme review is very important and we recommend that it continues at least per quarter

9.8.A tabular form indicating the deliverables that were planned and archived from 1st August 2006 to 18th December 2009.

ACTIVITY	TOTAL	ACHIEVED		TOTAL	COMMENTS
		Female	Male		

Palliative Care	4,200	2,037	1,191	3,228	Target surpassed
Home Based Care	3,600	3,167	1,479	4,646	Target surpassed
HIV Counseling and Testing	23,000	15,440	11,860	27,300	Target was archived
ART	900	553	289	835	Target is yet to be archived
Syphilis Tests	4,875	2,651	2,415	5,066	Target was not archived
TB Tests	680	513	461	974	Target was archived

N.B

With collaboration with JCRC Kakira 110 clients of which 74 female, 16 male and 20 children are receiving ART which makes it to 960 ART clients.

The tables below outline the activities and what was archived in the period between 1st August 2006 to 18th December 2009.

The main areas being counseling and testing, palliative care includes home based care and ART services.

YEAR	PALLIATIVE CARE		HOME BASED CARE		HIV COUNSELING AND TESTING		ART	
	Female	Male	Female	Male	Female	Male	Female	Male
Aug 2006-Jan 2007	232	153	280	190	1,610	1,206	-	-
Feb 2007-Apr 2008	689	411	415	285	6,363	4,539	-	-
May 2008-Jun 2009	774	413	1,925	766	5,327	4,380	424	202
July 2009-Dec 2009	308	190	547	238	2,140	1,735	126	82
TOTAL	2,037	1,191	3,167	1,479	15,440	11,860	553	289
	3,228		4,646		27,300		850	

HIV Counselling And Testing.

YEAR	TB		SYPHILIS		HIV TESTS	
	Female	Male	Female	Male	Female	Male

Aug 2006-Jan 2007	87	78	240	189	1,610	1,206
Feb 2007-Apr 2008	181	157	790	733	6,363	4,539
May 2008-June 2009	155	136	1144	1085	5,327	4,380
July 2009-Dec 2009	90	90	477	408	2,140	1,735
TOTAL	513	461	2,651	2,415	15,440	11,860
	974		5,066		27,300	

AVERAGE CLIENTS REGISTERED PER YEAR SINCE THE REPORTING PERIOD.

Year	2006-August- Dec.	2007	2008	2009	TOTAL
Clients enrolled on palliative care	451	935	847	1,214	3,228

PMTCT SERVICES (HIV Linked response to reproductive Health services)

Numbers of ANC Clients	255
# of pregnant mothers tested for HIV	255
# tested HIV positive	107
#Number of partners counseled and tested	12
# of pregnant mothers tested HIV positive receiving nevirapin	106
#number of mothers completing PMTCT referrals	87
#numbers of mothers initiating exclusive feeding	19

Appreciation

- We would like to thank IRCU and the Catholic Secretariat for both technical and financial support they have rendered for last three years.
- Also thank the Staff for their commitment in their work and to have achieved much in the three years.
- We thank the community networks such CCAs, religious leaders in their mobilization role and the care and support they have contributed to the welfare of the people living and affected by HIV/AIDS