

ST. FRANCIS HEALTH CARE SERVICES
ANNUAL REPORT SEPT 2001-AUG 2002

1. Name of Organization:

ST FRANCIS HEALTH CARE SERVICES

2. Project to which this report relates

HIV PREVENTION & AND AIDS CARE

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

ANNUAL REPORT

6. Report Period:

From September 2001to August 2002

7. Date of Report:

Signature:

10th September 2002

Faustine Ngarambe

8. Executive summary

This Annual report covers the Activities/Interventions funded by mainly Elton John AIDS Foundation Sept 2001- 31st Aug 2002.

St. Francis Health Care Services wish to thank Elton John AIDS Foundation and Firelight Foundation for their Financial Support that have enabled us to carry out our AIDS Intervention program. We thank other stakeholders for whose contributions have helped us carry out our activities.

St. Francis Health Care Services is part of the partners of the Government of Uganda and other civil society organizations that have contributed to the further reduction of HIV prevalence in Uganda through a multi-sectoral approach programs.

A report from Uganda AIDS Control program indicate that HIV Infection rate has been declining steadily from 30% in 1989 to 5.1% in 2002.

In the period Sept.2001 to Aug 2002, the program focussed on activities that was geared to prevention of HIV/STD's; Care and Support for the Infected and affected, and strengthening the community's response to better manage HIV Prevention and Care.

Awareness campaigns were mainly done through music dance and drama. A strong PHA drama group conducted sensitization in 22 community out reaches and 15 secondary schools and the response of the Community was quite impressive as each show attracted between 200 to 300 people in the Community. Indications that show that these shows carried meaningful messages, was the overwhelming response to Voluntary Counselling and Testing. i.e. 1133 people have been tested from Nov. 2001 to Aug 2002.

The response in schools was also high despite their busy schedules, the attendance was 1,776 and STD Counselling and treatment, over 300 youths have reported for VCT and STD friendly services.

The number of people coming for VCT among the adults is also overwhelming e.g. from November 2001 to August 2002 1133 people have reported for VCT.

Sensitization and awareness campaigns have further reduced stigma among the population we serve, this can be seen by the number of people registering for care, support and treatment of opportunistic infections. This year alone the number of new patients who registered was 834 and the cumulative of 2402 clients have been registered since we started in Nov. 1998.

Care and Support is the second major component of our program. In the Care and Support component there is Medical Support, food distribution and income generating activities.

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

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

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

Capacity of the Community to prevent further spread of HIV and caring for people living with HIV/AIDS has been strengthened. 60 community's own resource persons have been trained. In May this year 60 Community Counselling Aides were graduated and were Commissioned by Prof. John Rwomushana Deputy Director General Uganda AIDS Commission, he is also incharge of Policy and Research. 60 bicycles were given to the CCA's to ease their work in their respective communities.

The AIDS Coordination Committees have been interrupted by the electoral process that has taken one year now, some have been returned and others have been dropped. However, members who are not politicians have continued to engage themselves in HIV/AIDS work.

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

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

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

Whereas we have made progress in the reduction of HIV Infection rate and improving the quality of life of PHA's the future challenges lie in complacency, care and support of people living with HIV/AIDS. This is so because people who could have been infected 5-7 years ago, are developing AIDS now and in the near future. The other major problem will be the orphans whose parents have died and are to die in future.

In conclusion, we believe that as a growing community organization we have done our level best with the limited resources that we have. We shall continue to strive to improve the quality of life of the PHA's and continue to fight HIV/AIDS and its adverse effects.

9. Description of project

A. Background:

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

The project area is located on the Trans-African highway from the Port of Mombasa to Kinshasa in DRC, Kigali in Rwanda and Bujumbura in Burundi. The population is cosmopolitan in nature and mainly immigrants from all parts of the Country and those from DRC, Congo and Rwanda. When, we started the project in 1998, the area was “a virgin place”, in that there was no AIDS Intervention, therefore we started from almost zero.

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

The registered clientele this year consists of the following: total 834, Women 495, Men 203 and Children 136 in a population of about 500,000 people males are 49.1%, females 50.9% and of these, children under 15 are 47.6%

The Government’s openness about HIV/AIDS pandemic has encouraged political, civic leaders, religious and opinion leaders to participate in reminding the community to abandon activities and cultural aspects that pre-dispose people to the HIV/AIDS scourge, e.g. wife inheritance, multiple sexual partners etc. The inhabitants are not homogeneous and so the cultures and traditions are diverse which makes the work of HIV prevention difficult especially in a highly ignorant population.

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

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

B. Scope of work

Activity	Anticipated results	Collaborators	Timeframe
1. KABP survey and IEP impact assessment.	KABP survey and IEC assessment reports	Local councils & hired personnel	3 rd Quarter 2001
2. Disseminate IEC messages	IEC impact assessment	Local councils, schools & religious leaders.	All quarters.
3. Conduct mobile shows	Records of Drama & Video shows	Local councils	All quarters seasonally planned
4. Sensitize the population on early sex, infidelity, unprotected sex to HIV/AIDS	Numbers of people sensitized in % reported for VCT	Local AIDS committees.	3 rd quarter 2001 & 1 st quarter 2002
5. Conduct Advocacy Seminars in schools	No. of seminars	Local council Schools	3 rd quarter 2001 and 1 st quarter 2002
6. Distribute AIDS E&C materials to schools	No. of materials distributed	Ministry of Education	3 rd quarter 2001 and 1 st quarter 2002
7. Refresh T.O.T in AIDS Counseling	No. of people retrained.	Local council Schools	4 th quarter 2001
8. Equip teachers in IEC to students	No. of teachers trained.	Schools	4 th quarter 2001
9. Train CBO on condom distribution			4 th quarter 2001 & 1 st quarter 2002
10. Procure condoms	Nos. Procured and distributed	Ministry of Health	4 th quarter 2001 and 1 st quarter 2002
11. Advocate for pro.... condom use	No. of seminars conducted.	Ministry of Health	3 rd quarter 2001
12. Distribute condoms	% sexual partners using condoms	Ministry of Health	4 th quarter 2001
13. Sensitization of femidom	% women reporting using them	Ministry of Health	3 rd quarter 2001 & 1 st quarter 2001
14. Sensitization on VCT	No. of people accessing VCT	Local councils Youth clubs	4 th quarter 2001
15. Form Philly Lutaya club	Post-test club in place	Post test people	1 st quarter 2002 & 2 nd quarter 2002
16. Conduct VCT training for St. Francis	No. of staff trained	AIDS Information Centre (AIC)	3 rd quarter 2001
17. Train St. Francis Medical Team in	No. of staff trained	Trainers from Ministry of Health	3 rd quarter 2001

VCT			
Activity	Anticipated results	Collaborators	Timeframe
18. Conduct VCT at outreach	No. of activities done	Local AIDS committees	All the quarters
19. Survey incidence of abuse and violation of children rights	Base-line report	Local council leaders	3 rd quarter 2001
20. Distribute policy and rights of children	Nos. Distributed	Local council member, PHA's, Ministry of Gender.	4 th quarter 2002
21. Train of T.O.T and community change agents on rights of Children, Youth & Women.	% change agents having the knowledge		4 th quarter 2001
22. Conduct advocacy seminars on children rights.	No. of advocacy meetings	Youth & women groups	4 th quarter 2001
23. Set up behavioural change agents	No. of seminars	Primary and Secondary schools	1 st quarter 2002
24. Sensitize religious and community leaders on care, social and spiritual counselling.	No. of seminars conducted.	Church leaders, Sheiks PHA's	4 th quarter 2001
25. Integrate AIDS Care etc. in religious Institutions	% of people having access	Church leaders, Sheiks etc.	All quarters
26. Provide food to needy clients	No. of needy clients	PHA's	All the quarters
27. Conduct regular referrals, courses for CCA's	No. of refresher courses	CCA's	Once every quarter
28. Sensitize community on care of PHA's	No. of sessions	Local councils	All quarters
29. Conduct mobile AIDS Care Services	No. of PHA families, individuals having access to care & counselling	Communities PHA's	All quarters.
30. carry monitoring on care providers	% of supervision field visits	Local council leaders	All quarters

	% PHA reporting	Traditional healers	
Activity	Anticipated results	Collaborators	Timeframe
31. Procure Drugs	List of drugs	Ministry of Health	3 rd quarter 2001
32. Referral of clients to hospital & specialized clinics	No. of referrals made	Community members CCA's	All quarters
33. carry assessment of HIV orphaned children	No. Of children in and out of school Their problems	PHA's organization Schools, religious organizations.	3 rd quarter of 2001
34. Financial Support to orphan carers	Progress reports on children welfare	Community religious organizations.	4 th quarter 2002
35. Review and support AIDS committees	Functional AIDS Coordination	SACC, PACC, VACC, and CCA's	Once every quarter
36. Train AIDS committees in planning and M& E	No. of people trained	SACC, PACC, VACC, and CCA's	3 rd quarter 2001
37. Seek partnership	Acknowledgements & Donations	Internal and external organizations	All quarters
38. Record Data	Reports	All departments of St. Francis HCS.	All quarters
39. Compile and analyze Data & Disseminate information	Reports made	As above	All quarters
40. Train AIDS committees in D&C	Monthly reports from communities	As above	3 rd quarter 2001
41. Do evaluation	Quantity and quality of services rendered	External evaluator.	3 rd quarter 2002

10. Implementation/results:

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

Planned activities:

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

Activity 2: It is evident that there is high illiteracy among the population. So in the absence of IEC materials, we used entertainment/ education video shows, drama songs and plays and PHA's testimonies all designed to suit difficult situations appropriately. They proved

popular and a crowd puller. The messages conveyed were about HIV/AIDS/STDs, predisposing cultural practices, signs/symptoms, Health seeking behaviour, PMTCT, VCT, Care of orphans, writing wills, prevention and care and condom promotion. We conducted 22 Drama, Video shows and testimonials in the community and 15 Drama, Video shows and testimonials in schools. They attracted 23,143 people in the community and 1776 students respectively.

Activity 3: The same as above.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Activity 29: Mobile AIDS Care was done 4 times a week per outreach:
No of outreaches: 22
No. of homes visited by the counselling department : 634
No. of homes visited by the medical department : 1126

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

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

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

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

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

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

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

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

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

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

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

Activities not originally planned.

1. Laboratory services were initiated for mainly HIV Testing, but malaria, TB, stool and Urine investigations were also introduced to ease movements of the clients. A total of 1133 people have been tested for HIV, 306 for Malaria, 60 for TB.
2. The number of outreaches were increased from 12 to 22, so as to reach as many people as possible in the distant villages who otherwise would not access the services. In those centres/sites we carry out HIV/STD counselling and testing, and treatment.
3. The PHA drama group attended a candle light memorial in Jinja and Mukono. This was in memory of those who died of AIDS.
4. We organized an annual thanksgiving get together with our clients and well wishers on 20th December 2001 at centre. Approximately 600 clients attended the function.
5. In March 2002, the area MP. Donated an ambulance to us, and a hand over ceremony was organised.
6. A group of 15 midwives were trained at our centre in PMTCT using Neveapine by the women treatment action group (an NGO in Kampala), and at the end of one week they were given kits to use in their clinics.
7. 120 health education talks were conducted both at the centre and at outreaches.
8. 3 Radio phone in sensitization talk shows involving answering questions about HIV/AIDS/STD's were held on FM Radio stations in Jinja which covers our catchment area of operation.
9. There were 3 Community AIDS initiatives (CHAI) formed.

Routine activities: (Monday-Saturday)

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

B. Findings

MEDICAL SUPPORT SEP 2001- AUG 2002.

Introduction.

St. Francis health care services is a day care center dealing mainly with HIV/AIDS patients and non-HIV/AIDS patients. It is located on plot 6 Nanso road Njeru, Mukono District. It operates in Buikwe North sub-health District (Mukono District), Jinja District and even clients referred to us from health units from neighbouring Districts e.g. Kamuli, Iganga and Kayunga are given services.

From September 2001- August 2002, the total number of new sero-positive clients was 834. Of these, children were 136, female adults were 495 and male were 203.

The following activities are carried out at the center:

- There are two clinic days (Tuesday & Thursday) in a week during which clients get counseled and they are treated according to the ailments they present with.
- On Mondays, Wednesday, Thursday and Friday are out reach days. Medical team with counselors undertakes these outreaches and also does home care visits for the bedridden clients. On Monday another site has been added onto the schedule on the request of a growing AIDS service organization called Nyenga Sub-county AIDS Community initiative (NSACI) located in Buziika B parish, Njeru town council. Thursday is now both a clinic and outreach day in view of the ever-increasing number of bedridden clients. Places visited are as follows: Buziika, Kiryowa, Bukaya, Njeru south aids initiative programme (NSAIP), NSACI in Buziika B, Mbiiko, Nakibizi, Naminya, Konko, Walukuba, Wairaka, Bugembe, Jinja town, Kirugu, Mpumudde, Kalagala and Kitigoma. The medical team comprises of the following: 2 medical Doctors, 1 medical assistant, 2 nurses and 2 volunteer PLWAs who help at the reception.

TABLE 1.

CLINICAL SPECTRUM OF AIDS CASES BY MONTH IN ST. FRANCIS HEALTH CARE SERVICES

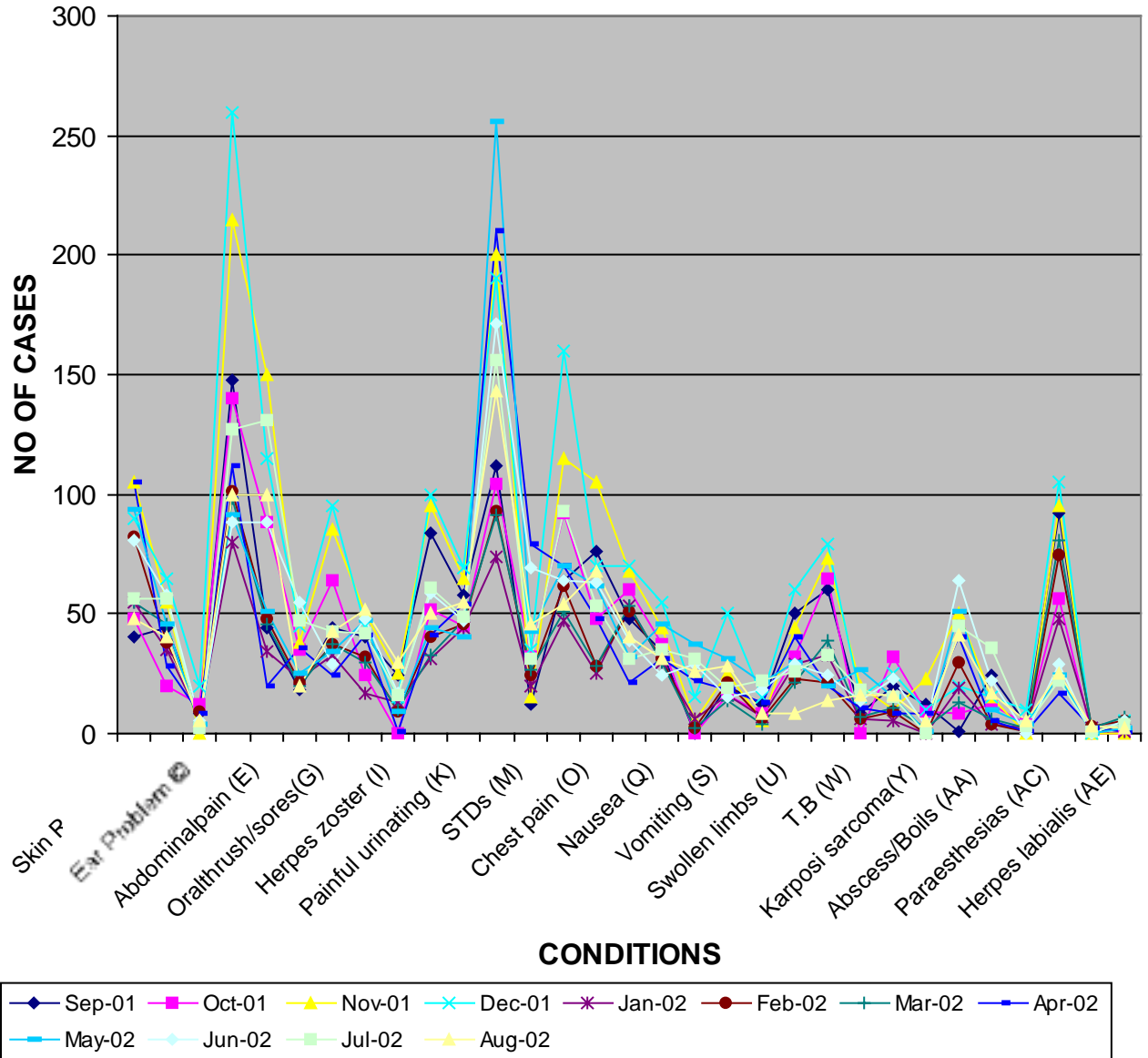
	SEPT 2001-AUG 2002												
CONDITION	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	TOTAL
SKIN RASH (A)	40	48	105	90	55	82	55	105	94	81	56	48	859
Diahroea (B)	44	20	55	65	35	38	46	28	46	58	56	40	531
Ear Problem ©	8	12	0	20	7	9	3	8	4	5	2	5	83
Fever (D)	148	140	215	260	80	101	98	112	91	88	127	100	1560
Abdominalpain (E)	44	88	150	115	34	48	46	20	51	88	131	100	915
General malaise(F)	18	35	38	45	23	21	20	36	25	55	47	20	383
Oralthrush/sores(G)	44	64	85	95	33	37	37	24	34	29	43	43	568
Loss of appetite (h)	40	24	50	45	17	32	30	41	47	48	42	52	468
Herpes zoster (I)	24	0	25	15	13	9	10	1	9	17	16	30	169
Joint pains (J)	84	52	95	100	31	40	33	41	44	59	61	50	690
Painful urinating (K)	58	45	65	69	44	46	47	54	40	47	49	55	619
Cough (L)	112	104	200	190	74	93	91	210	256	171	156	143	1800
STDs (M)	12	32	15	35	20	24	27	79	43	69	31	46	433

Headache (N)	64	92	115	160	47	62	51	70	70	64	93	54	942
Chest pain (O)	76	48	105	70	25	28	28	48	62	63	53	68	674
Insomnia (P)	48	60	68	70	53	51	53	21	32	39	31	40	566
Nausea (Q)	34	37	44	55	30	31	30	31	46	24	35	31	428
Anal sores (R)	0	0	5	15	6	2	2	22	37	29	31	26	175
Vomiting (S)	20	16	25	50	16	21	14	18	31	15	19	28	273
Dizziness (T)	12	8	5	15	7	6	4	13	21	18	22	8	139
Swollen limbs (U)	50	32	44	60	29	23	21	40	30	29	26	8	392
Palpitations (V)	60	65	73	79	33	21	39	20	20	24	33	14	481
T.B (W)	8	0	20	15	6	6	7	11	27	14	18	16	148
Itching eyes (X)	20	32	10	25	5	9	11	8	15	23	15	16	189
Karposi sarcoma (Y)	12	9	23	10	0	0	2	8	1	3	0	5	73
Vaginal candida (Z)	1	8	50	20	19	30	13	40	51	64	45	41	382
Abscess/Boils (AA)	24	12	15	15	4	4	6	5	10	22	36	17	170
Confusion/Tremors	4	4	0	10	2	1	2	1	4	0	3	5	36
Paraesthesias (AC)	92	56	95	105	48	75	81	17	24	29	22	25	669
Genital herpes (AD)	0	0	0	0	2	3	2	2	0	0	1	3	13
Herpes labialis (AE)	4	0	0	5	1	5	7	1	2	5	4	2	36

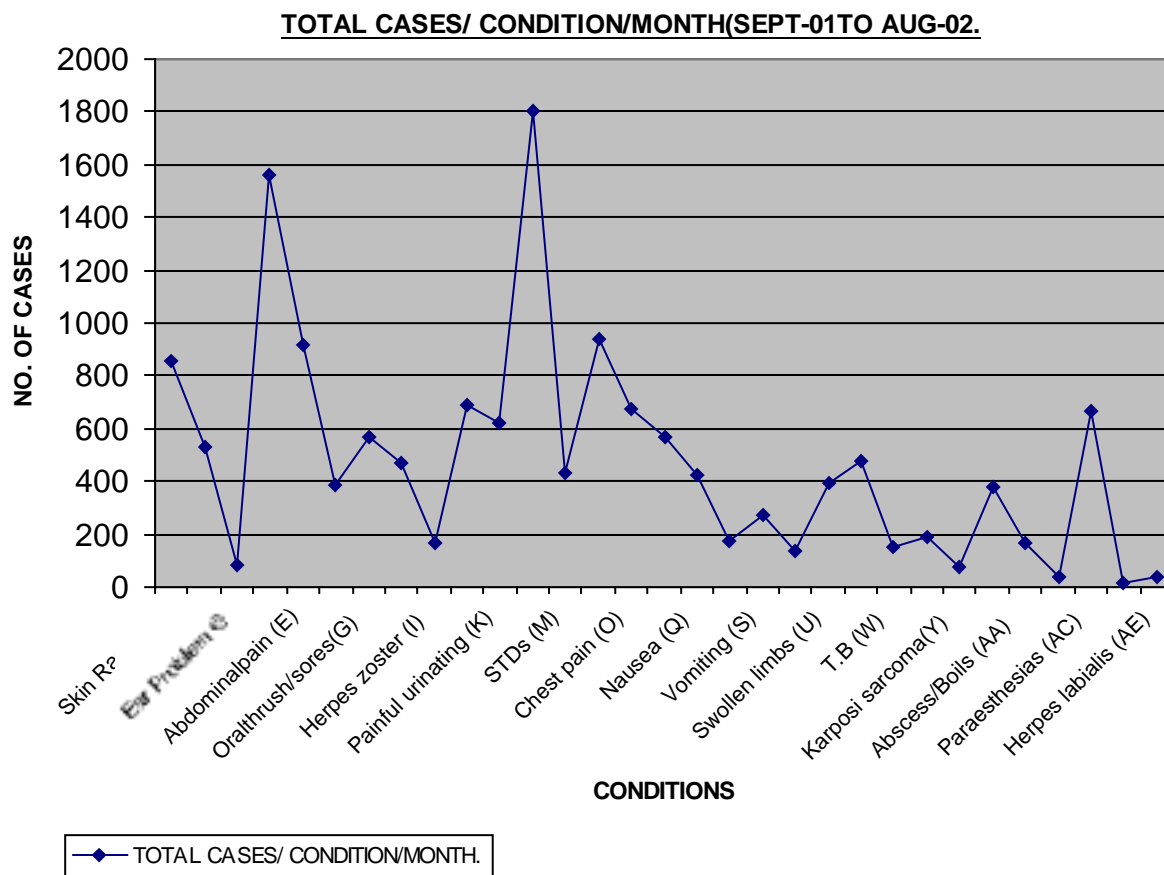
The commonest conditions have been skin rash, fever, cough, headache, T.B., genital herpes. Sudden increases have been noted in the following conditions in the period September-01 to August-02 as compared January to August-01 i.e. genital herpes, fever, skin conditions, diarrhea, abdominal pain, oral thrush, joint aches & T.B. The latter is due to the increased number of clients during this period.

Graph 1 below shows the clinical spectrum by month during September-01 to August-02. The following can be deduced from this graph; the most prevalent conditions i.e. skin itching, fever, cough, palpitations, headache and joint pains among others, occurred during November- December, April-May and were least prevalent in January, June and October. The above months i.e. November-December, April-May coincide with food distribution period. Also these coincide with the rainy season which is associated with conditions like malaria, cough etc. The latter mentioned months coincide with the dry season and also with period when no food distribution was over. Graph 2 shows total cases/condition/month Sep-01 to Aug-02. From this graph the following were noted; the T.B figures have increased as compared to the period January- August-01. This is because from March-02, the center is now a fully-fledged T.B treatment center with a lab that can diagnose HIV, STDs, malaria & T.B among other diseases. Also the center has become a referral center for a number of lower level neighbouring health units e.g. Bukaya H/U and Wakisi Health center both in Buikwe north health sub-district, Mukono District. The center also acts as a transfer center for those diagnosed and started on treatment in far from home medical units. In general all the other mentioned conditions have increased due to these other facts; availability of an ambulance donated to the center by the area Member of Parliament, overall increase in the total number of clients being cared for, drama & VCT activities have further reduced stigma in the community.

**CLINICAL SPECTRUM OF AIDS CASES BY MONTH IN ST. FRANCIS
HEALTH CARE SERVICES SEPT-01 TO AUG 02**



GRAPH 1.



GRAPH 2.

TABLE 2.

THE TABLE BELOW SHOWS THE NO. OF NEW OUT-PATIENTS (NOT HIV POSITIVE) BY AGE /MONTH TREATED BY THE CENTRE SEPT.2001- AUG.2002.

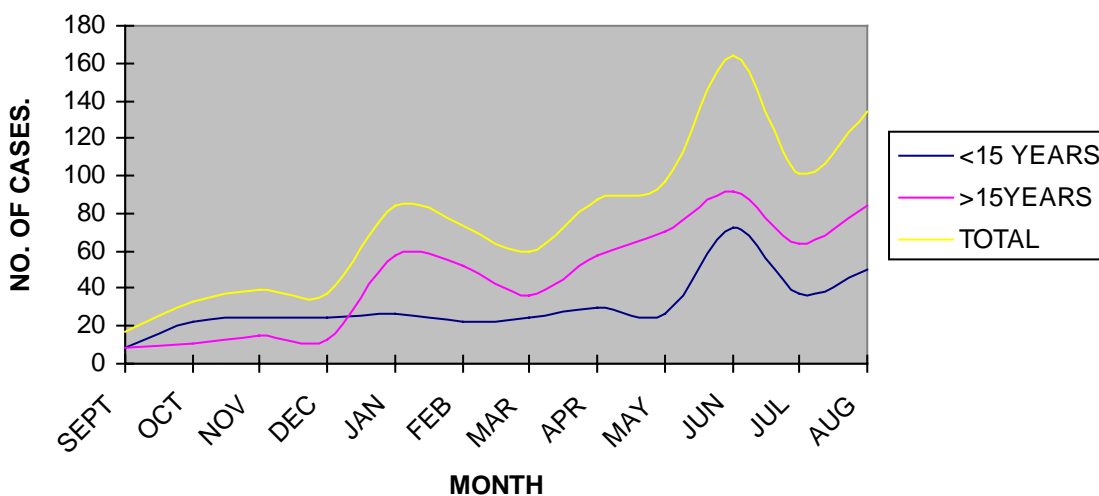
	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<15 YEARS	9	22	24	24	27	22	24	30	27	72	37	50
>15YEARS	8	11	15	13	57	52	36	57	70	92	64	84
TOTAL	17	33	39	37	84	74	60	87	97	164	101	134

Between September and December 2001, the center mainly treated children (<15 yrs). Thereafter the number of adults has continuously been rising albeit with occasional fluctuations as is illustrated in Graph 3 below. This was attributed to the following;

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

The 2 sudden rise between December 2001 to February 2002, & May to July 2002 coincide with the rainy seasons in which malaria is quite prevalent. Please note Graph 3 below.

**NO. OF NEW OUT-PATIENTS(NOT HIV +VE) BY
AGE/MONTH TREATED BY THE CENTRE SEPT-01 TO AUG-
02.**



Graph 3

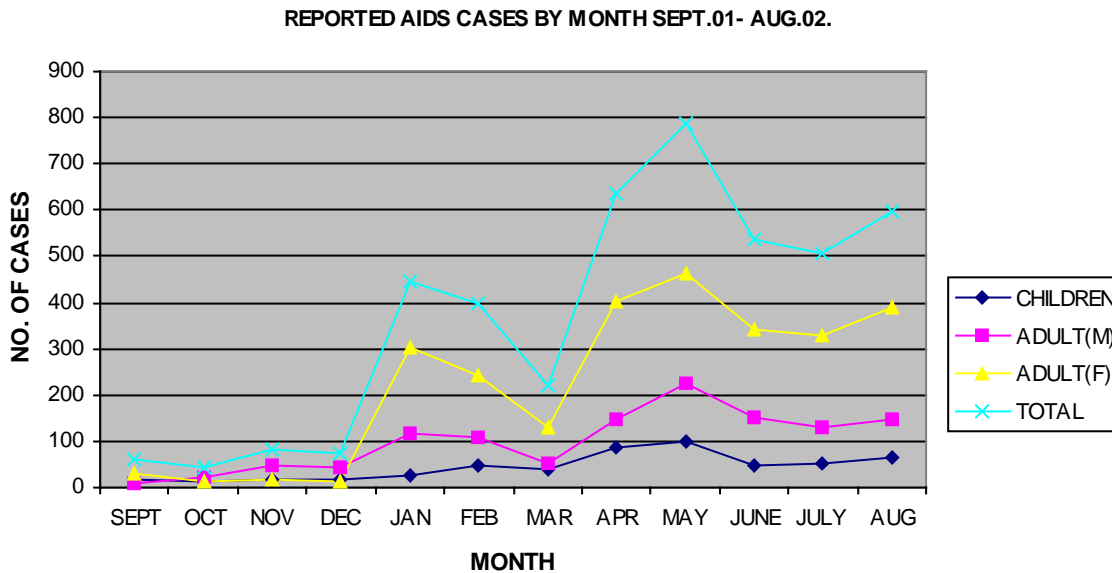
TABLE 3

REPORTED AIDS CASES PER MONTH SEPT.2001- AUG.2002

	CHILDREN	ADULT (M)	ADULT (F)	TOTAL	
SEPT	19	10	31	60	
OCT	11	22	12	45	
NOV	18	47	16	81	
DEC	17	42	13	72	
JAN	27	116	304	447	
FEB	47	109	241	397	
MAR	39	52	130	221	
APR	88	146	402	636	
MAY	101	223	463	787	
JUNE	46	151	340	537	
JULY	50	131	327	508	
AUG	65	145	388	598	

Table 3 shows reported cases per month September 2001- August 2002. the sudden increase in the number of men coming to the center between October and December 2001 can be attributed to the fact that it was a period when funds had just been released for a full year and free VCT had just gone into action. Therefore men whose jobs are usually in urban areas i.e. Njeru town council and Jinja town, accessed the services more than women. Thereafter VCT was extended to the villages through outreaches and also food distribution occurred at the center between

December 2001 and January 2002, and also between April and June. These two factors led to the sudden rise in the number of women attending as compared to the men. It can also be noted that all the three groups have increased since December 2001, this being the result of the above mentioned reasons. It was also noted that during the period when food distribution was absent i.e. February-March 2002 and June to date, the number of reported AIDS cases showed a decline. Please note Graph 4 below.



Graph 4.

TABLE 4.

NO. OF NEW HIV POSITIVE CASES BY AGE/SEX PER MONTH SEPT-01 TO AUG-02.

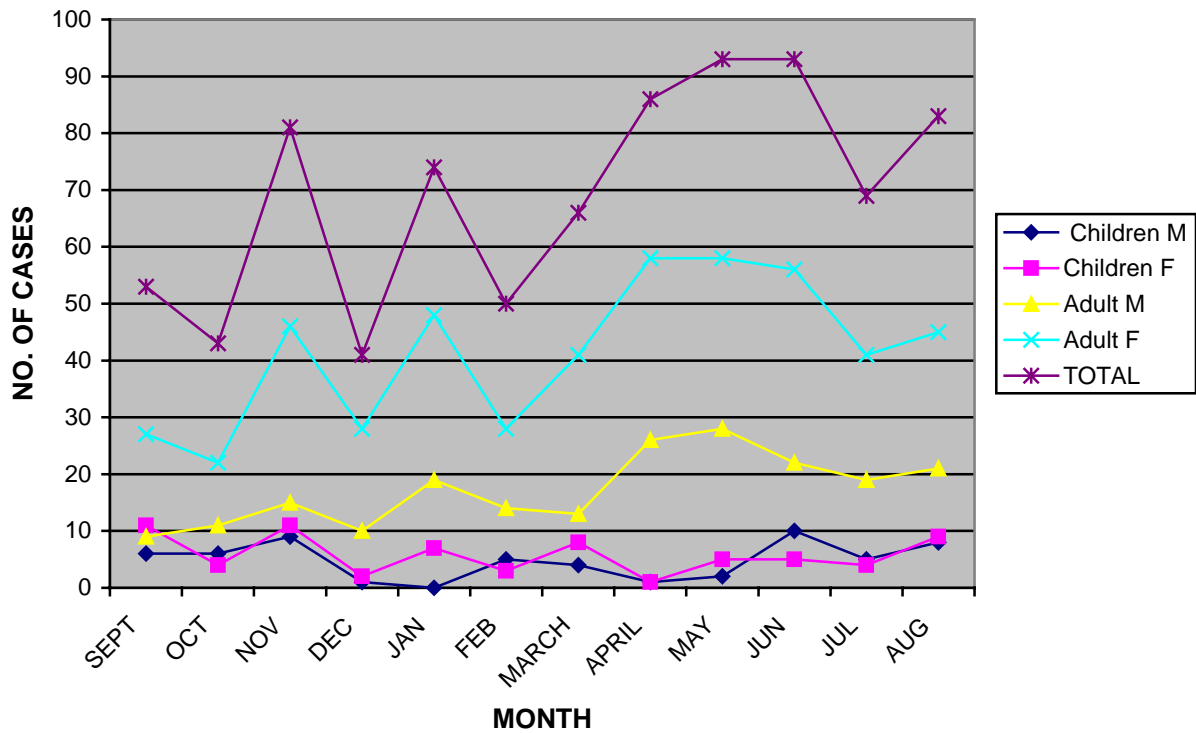
	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Children (M)	6	6	9	1	0	5	4	1	2	10	5	8
Children (F)	11	4	11	2	7	3	8	1	5	5	4	9
Adult (M)	9	11	15	10	19	14	13	26	28	22	19	21
Adult (F)	27	22	46	28	48	28	41	58	58	56	41	45
TOTAL	53	43	81	41	74	50	66	86	93	93	69	83

Though as compared to the period January and August 2001, the period September 2001 and August 2002 shows markedly more new HIV/AIDS clients seeking our services. This can be attributed to;

- The public donation of an ambulance by the area member of parliament early 2002. This signified that the Member of Parliament was in support of what the center was doing.
- Decrease in stigma following the intensive VCT services both at the center and during outreaches.
- Food distribution during the already mentioned periods at the center.

- Better life in the old AIDS cases attending our clinic/outreaches who previously were very sick and at times bedridden and are now capable of conducting their business with minimal discomfort.

**NO.OF NEW HIV POSITIVE CASES BY AGE/SEX PER MONTH
SEPT-01 TO AUG-02.**



GRAPH 5.

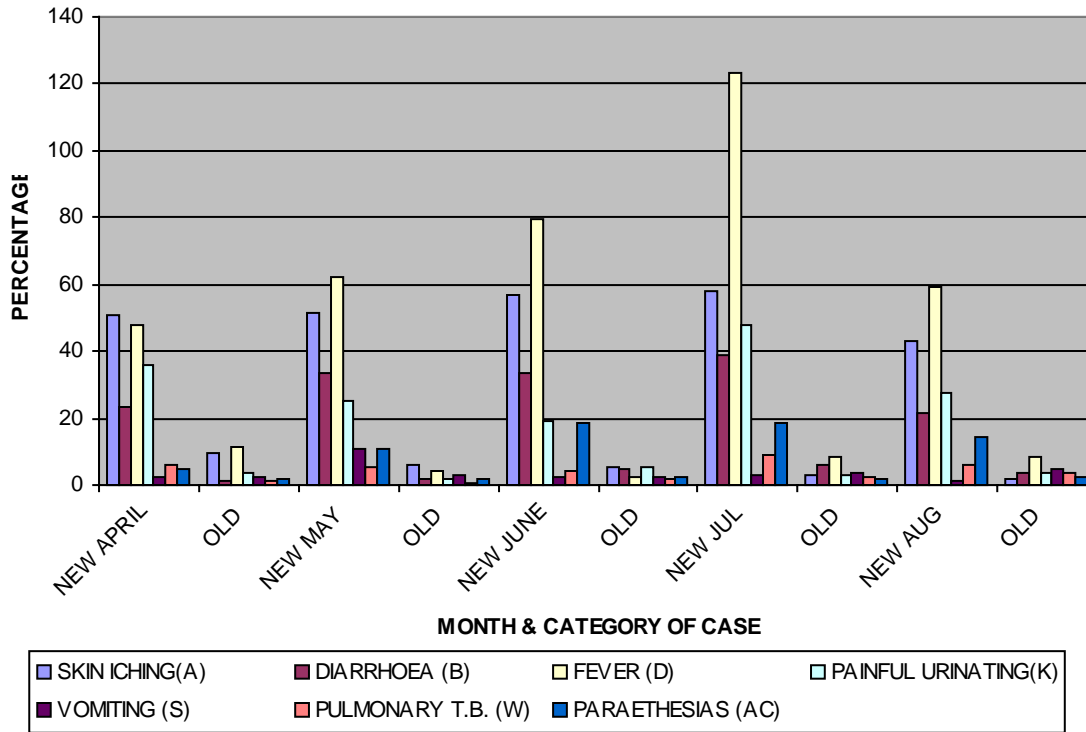
TABLE 5.

**COMPARISON BETWEEN 7 RANDOMLY SELECTED CLINICAL SPECTRUM
CASES
OF NEW & OLD HIV/AIDS CASES EXPRESSED AS A %OF THE TOTAL NEW OR
OLD HIV/AIDS CASES BETWEEN APRIL-AUGUST 2002.**

DISEASES	APRIL		MAY		JUNE		JUL		AUG	
	NEW	OLD	NEW	OLD	NEW	OLD	NEW	OLD	NEW	OLD
SKIN ITCHING (A)	51	9.6	51.6	5.8	57	5.2	58	3.1	43.3	2
DIARRHOEA (B)	23.3	1.3	33.3	1.9	33.3	5	39.1	5.7	21.7	3.7
FEVER (D)	47.7	11.2	62.4	4.2	79.6	2.6	123	8.3	59	8.5
PAINFUL URINATING (K)	36	3.6	25	2	19.4	5.4	47.8	3.2	27.7	3.7
VOMITING (S)	2.3	2.5	10.7	2.7	2.2	2.4	2.9	3.5	1.2	4.5
PULMONARY T.B. (W)	5.8	0.9	5.4	0.5	4.3	1.9	8.7	2.4	6	3.3
PARAETHESIAS (AC)	4.6	2	10.8	1.8	18.3	2.2	18.8	1.8	14.5	2.2

Table 5 above shows the comparison between seven randomly selected clinical spectrum cases of new and old HIV/AIDS cases expressed as a % of the total new or old HIV/AIDS cases between April-August 2002. From this table and the corresponding graph 6 below, it can be noted that the old/continuing clients have markedly less complaints of opportunistic infections (O.Is) as compared to the new clients (less than 1 month old at the center). However in some circumstances the old clients have a higher incidence of O.Is because by then they are actually debilitated. In short graph 6 and table 5 serve to show that continuing treatment at the center/home visit outreaches markedly helps to decrease opportunistic infections. This is true so long as one doesn't come in extremely advanced stages of AIDS e.g. cryptococcal meningitis, extensive Kaposi sarcoma etc. Another important point to note is that clients who attend on going counseling and thus live positively have fewer complaints of O.Is as compared to those who are erratic in their treatment seeking behaviour and/or do not live positively. Please note Graph 6 below.

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



Graph 6

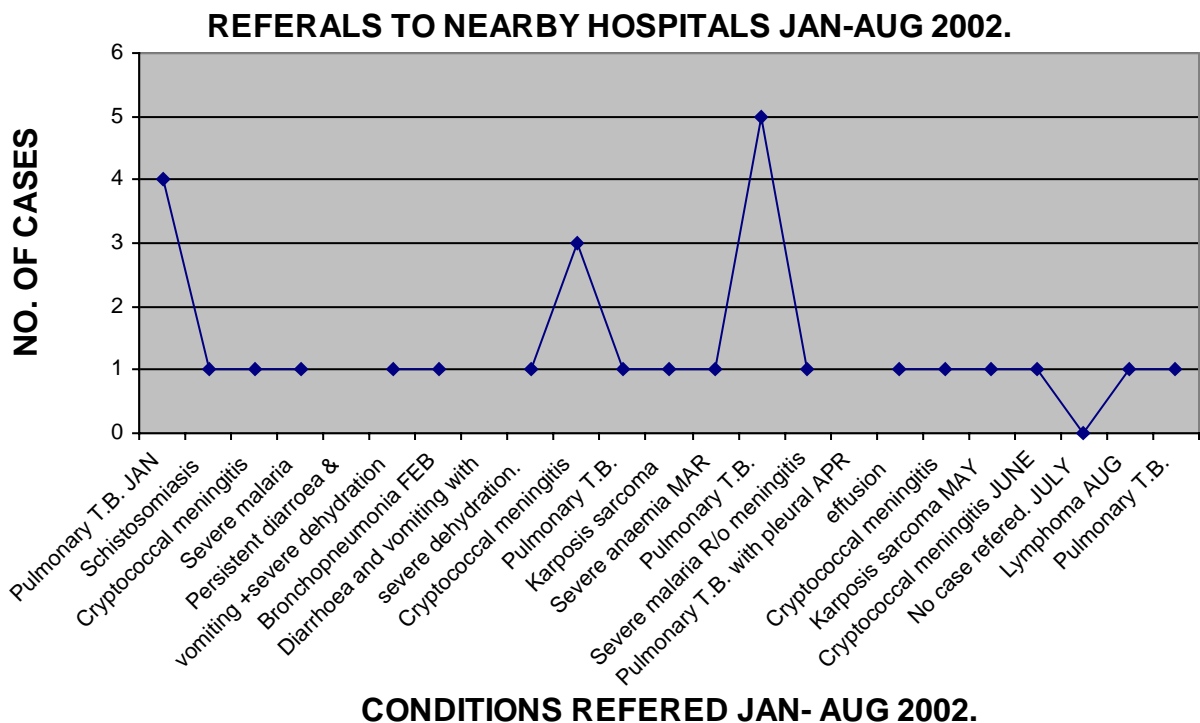
TABLE 6

REFERRALS TO NEARBY HOSPITALS NAMELY JINJA & NYENGA HOSPITAL JAN 2002- AUG 2002.

MONTH	CONDITION	NO.CASES			
JAN	Pulmonary T.B.	4			
	Schistosomiasis	1			
	Cryptococcal meningitis	1			
	Severe malaria	1			
	Persistent diarrhoea & vomiting +severe dehydration	1			
FEB	Bronchopneumonia	1			
	Diarrhoea and vomiting with severe dehydration.	1			
	Cryptococcal meningitis	3			
	Pulmonary T.B.	1			
	Karposis sarcoma	1			

MAR	Severe anaemia	1		
	Pulmonary T.B.	5		
	Severe malaria R/o meningitis	1		
APR	Pulmonary T.B. with pleural effusion	1		
	Cryptococcal meningitis	1		
MAY	Karposis sarcoma	1		
JUNE	Cryptococcal meningitis	1		
JULY	No case referred.	0		
AUG	Lymphoma	1		
	Pulmonary T.B.	1		
	TOTAL NO. OF REFERRALS	28		

Table 6 above shows referrals to nearby Hospitals namely Jinja and Nyenga hospitals in the period January to August 2002. It was noted that the commonest referred case was T.B. These cases were referred due to the associated complications that were life threatening e.g. pleural effusion, pericardial effusion and haemoptysis. Cryptococcal meningitis was the second most referred case this being that the center at this time cannot afford the drugs or the facilities to treat this terrible O.I. The other referred cases above were also due to their life threatening complications and lack of facilities at the center to manage these conditions.



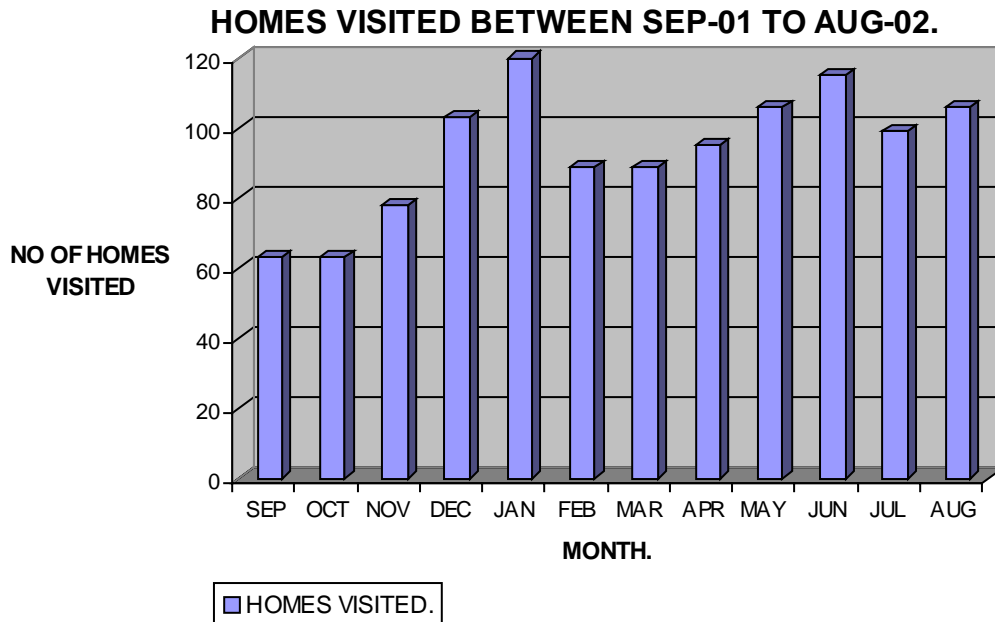
GRAPH 7.

TABLE 7.

HOMES VISITED BETWEEN SEPTEMBER 2001- AUGUST 2002.

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	TOTAL
63	63	78	103	120	89	89	95	106	115	99	106	1126

Table 7, shows the homes visited between September 2001 and August 2002. From this table and graph 8 below, it was noted that from October 2001 the number of home visits have been on the increase albeit with a few fluctuations i.e. February to April 2002 and in July 2002. The reason for the above increases is due to the availability of funds from Elton john foundation, Firelight and Samaritan purse funds (for the latter two these funds were depleted in Jan 2002). We also note that during this period two outreach sites were added onto the schedule i.e. Kitigoma, Najjembe sub county and NSACHI in Buziika B parish, Nyenga sub county both in Mukono District. Finally the availability of a 4WD truck and an ambulance omni bus has also boosted these home visits, of course not forgetting the role the VCT outreaches, drama and sensitization visits, have played in decreasing Stigma in the community towards HIV/AIDS as a disease and the persons afflicted by this terrible disease. Please note Graph 8 below:



GRAPH 8

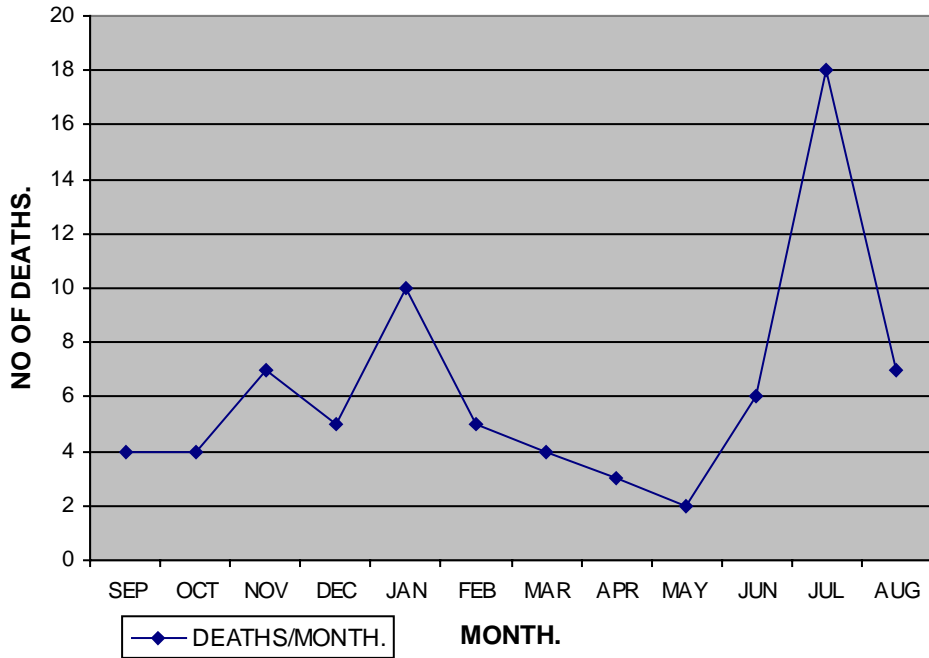
TABLE 8

TABLE BELOW SHOWS NO. OF DEATH/MONTH SEPTEMBER 2001-AUGUST 2002.

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG		
4	4	7	5	10	5	4	3	2	6	18	7		

The above table shows the number of death/month September 2001 to August 2002. During this period more clients died as compared to the period January – August 2001 notably in the months of January and July 2002. This can be attributed to the increased number of clients coming to the center. Of course a good number came in terminal stages of AIDS and thus died in our care. Graph 6 gives a clear view of how sick the new clients are as compared to the old clients and thus it comes as no surprise that most deaths registered were of terminally ill new HIV/AIDS clients. Please note Graph 9 below.

NUMBER OF DEATH PER MONTH SEPTEMBER 2001- AUGUST 2002.



GRAPH 9.

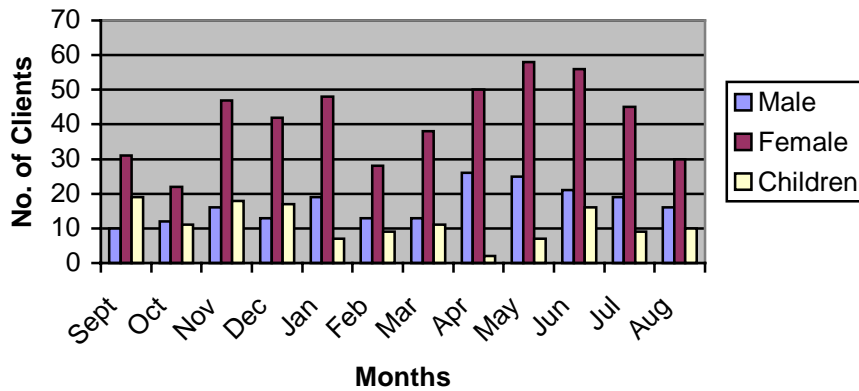
SUMMARY OF RECOMMENDATIONS.

- There is need to urgently acquire medical equipment in order to catch up with the medical requirements currently being faced at the center e.g. an autoclave to sterilize such equipment like lumbar puncture sets, incision and drainage sets, fridge to store drugs like vincristine, doxorubicin and amphotericin B which are a pre-requisite in the management of Kaposi sarcoma and Cryptococcal meningitis respectively, vaccines since many children <5yrs are being treated at the center and require immunization. There is need to get a bigger and well equipped medical unit, which will offer ample day care space for clients to rest, and confidentiality.
- The center still requires to access subsidized life saving drugs like acyclovir, gancyclovir, fluconazole (fortunately government units, which are quite few, recently received a donation of this drug from Government of Uganda and it is strictly for use against Cryptococcosis and resistant oesophageal candidiasis). There is also need to access Nevirapine cheaply or better still as a donation, to assist in the fight against mother to child transmission of HIV (PMTCT). It should be noted that 15 private midwives were trained at the center and initially facilitated in early 2002 in administering Nevirapine to pregnant mothers in labour. This was followed by a workshop in mid 2002 for 50 CCAs about PMTCT, in order that this information is disseminated to the community. The above workshops were undertaken in corroboration with Women's treatment action group (an NGO in Kampala fighting to avail ARVs to PLWAs who are pregnant through private midwives) and Global strategies for HIV respectively. Government PMTCT centers are currently in Mulago national referral Hospital, Mengo Rubaga and Nsambya hospitals in Kampala, Lachor Hospital in the north, Mbale Hospital in the east and Fortportal Hospital in the west. In the Jinja region there is none at all.
- There is an urgent need to acquire an up to date computer, and data entry/analyst clerk to keep track of the large amount of data and also to assist in it's analysis thereafter. Also the need for internet is now a necessity to improve on our networking and thus reduce on e-mail and Internet surfing expenses.
- The medical personnel need to be facilitated to attend the available short courses on HIV/AIDS in order to stay up to date with the current management and thus offer our clients with the best possible treatment at all times.
- The number of medical personnel needs to be increased due to the fact that currently the 2 part-time Doctors, 1 clinical officer, 2 nurses and 2 PLWAs volunteers care for about 2,450 registered clients. The quality of care is thus being impaired every time the clients increase and yet the number of medical personnel remain the same.

COUNSELLING DEPARTMENT SEPTEMBER 2001-AUGUST 2002

GRAPH 1

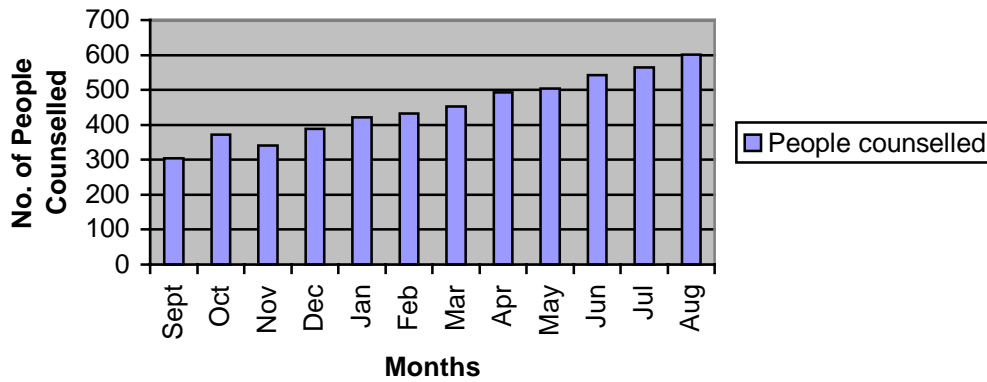
CLIENT REGISTRATION FROM SEPT 2001- AUG 2002



A total of 834 people were registered of which 495 were females 136 were children and 203 were males. The number of clients registered has steadily increased due to reduction of stigma.

GRAPH 2

**TABLE SHOWING PEOPLE COUNSELLED SEPT 2001-AUG
2002**

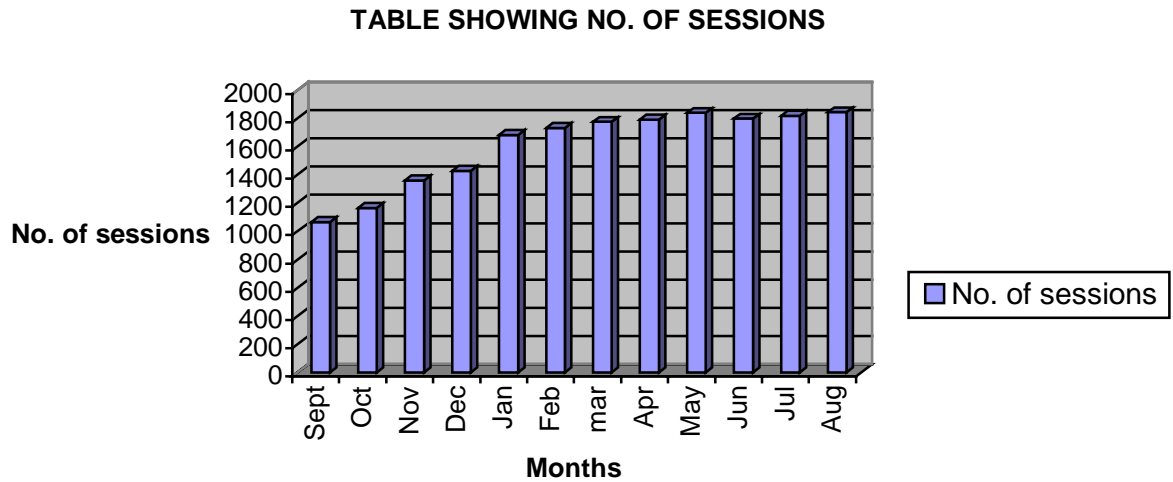


5416 people were counselled. These were our registered clients and non registered clients who were seen both at the centre and in their homes and in our outreach centres. The number of people counselled has gone up as a result of reduced stigma and this has increased the work load of counsellors since we have to counsel our clients for testing support, and then those referred to us by other organizations.

Homes visited Sept 2001-Aug 2002

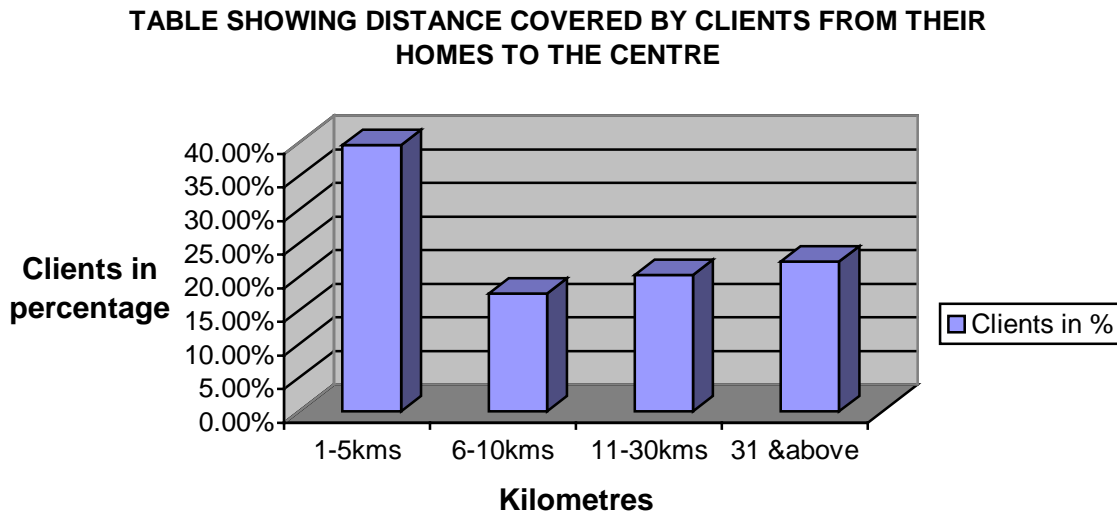
Months	No. of homes
September	63
October	60
November	30
December	27
January	55
February	45
March	59
April	61
May	53
June	63
July	61
August	57
Total	634

GRAPH 3



According to the graph, it can be seen that the number of sessions have been increasing due to VCT services. A total number of 19,338 pre-test, post-test and on going counselling sessions were conducted.

GRAPH 4



Community Intervention:

Community Counselling Aides were given a 3 days non residential refresher training in which a number of topic which included home visiting, home care, mobilization, voluntarism, social marketing of condoms, record keeping, report making and will making were tackled. The topics covered were designed to cover the gap as observed after working with these CCA's for a long time. A total of 22 Drama sensitization shows and 23,143 people attended in total. 15 shows were taken into schools and 1776 students attended and asked questions which were answered by the Doctor and other St. Francis Health Care Services staff. This later led to some of these students coming for testing and treatment of STD's. A group of private Midwives based in the

communities were trained by the women treatment action group in PMTCT and Neverapine was given to them to be administered to HIV +ve pregnant mothers in labour.

Table showing Health Education talks

Months	No. of talks
September	10
October	6
November	11
December	8
January	11
February	13
March	10
April	12
May	13
June	16
July	17
August	9

A total number of 123 Health education talk shows were conducted both at our day care centre and in our outreach centres. 3 of these shows were Radio talk shows conducted by the two Local FM Radio stations i.e Kiira FM and Nile Broad Casting Service. This has boosted the popularity of the organization and has led to a big number of people coming for the services of the organization.

FOOD SUPPORT DISTRIBUTION

In the period of September 2001-Aug 2002, a total number of 6087kgs of Corn meal were distributed, 10280kgs of Rice 2105kgs of Sugar, 972litres of Cooking Oil and 4400kgs of beans. A total number of 488 Adults benefited and 156 children majority of whom are orphans. However, this had its own problems since the majority of our clients are not employed as indicated in the previous reports. Even the health status of some of the clients make them beneficiaries since they cannot work to earn a living.

Table showing Deaths from Sept 2001-Aug 2002

Months	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
No. of people	4	4	7	5	4	3	3	3	2	6	18	7

The total number of people who died was 66, most people reported when they were terminally ill, particularly in the month of July.

Collaboration with other organizations.

St. Francis Health Care Services in Collaboration with other NGO's and CBO's participated in 2 candle light visit one at Jinja town hall in Jinja district and another one on the landing site of Katosi in Mukono district. We were represented by the drama group, members of staff from Counselling and Medical department and the Program Coordinator. Also we have been collaborating with Maryhill Missionaries, ADRA Mayuge, GOAL, a group of students from Nkozi University on masters program came for a 2 months work research.

2 students from Uganda Christian University from Social Work and social administration department and currently attached to our center for their fieldwork. The Thai & Cambodia delegation - Local Response and Greater Involvement of people living with HIV/AIDS (GIPA) exchange visit to St. Francis Health Care Services. This was organized by UNICEF, UNAIDS & Uganda AIDS Commission. Our counselling coordinator participated in the Chiang Mai Local Response technical meeting which took place in October 2001. She was sponsored by UNICEF and recommended by UNAIDS.

EDUCATIONAL MATERIALS.

No educational materials were developed by St. Francis Health Care Services but in collaboration with straight talk foundation Uganda and Uganda AIDS Commission, we have managed to secure 500 copies from UAC, 30 & 40 copies of young and strait talk respectively which were distributed in schools.

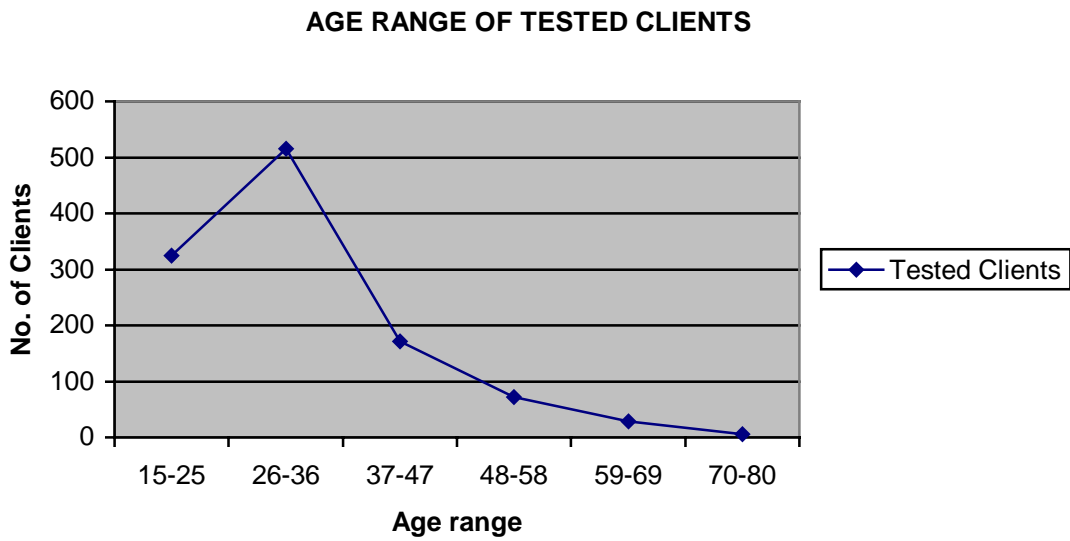
VCT

Total number of people tested 1133

Negatives	-	791
Positives	-	342

Age range of tested clients.

Graph 5.



Observation.

Majority people who tested were between the age range of 26-36 and majority of those were females.

Total No. of children tested = 14
Positives = 2
Negatives = 12

Total No. of Female
Positives = 243
Negatives = 469

Total No. of Male
Positives = 97
Negatives = 310

C. Constraints

- The Government policy on sex education in schools is not yet in place and some teachers are frustrated by head teachers in implementing AIDS planned activities.
- As a result of the above suitable IEC materials can not be sourced from the Ministry of Education as we procure condoms from the Ministry of Health.
- Religious leaders can not deliver appropriate messages related to condoms to their congregation lest they are misconstrued to promote infidelity and unfaithfulness and promiscuity.
- Despite the opportunity, religious leaders have of large gatherings of the faithful every week, they are limited in the delivery of HIV/AIDS messages because the gatherings are mixed up of children, youth and adults of all genders.
- Traditional healers and Birth attendants who handle most clients in rural areas although not well educated to understand fully the ramifications of HIV/AIDS so as to pass on the knowledge to PHA's instead seek to exploit their resources for self interests and sometimes end up being infected.
- Some born again church leaders say the disease is a curse from God and atonement for our sins.
- The local council leaders are slow in appreciating the tenet/purpose of decentralization and budget for HIV/AIDS activities adequately. So these programs will take sometime before being owned by the community.
- The contributions in cash from the Government is not enough to cover our recruitment costs.
- Most deaths occur because of cryptococcal meningitis and TB complications. The popylactic drugs for the former are very expensive while there is no Government policy. These deaths affect the moral of both the clients, their care takers, medical staff and counsellors.
- There are no funds to sustain certically ill patients in referral hospitals.
- The burden of poverty and HIV/AIDS impact on individuals health greatly reduces the nutritional requirements which the organization can not supplement.
- There is need for a revolving fund to needy PHA's to enable them generate incomes to buy bare necessities.
- Some of the volunteers need more motivation to enable them devote their time on HIV/AIDS activities rather then look else where for survival.
- Lack of adequate funding compounds the organizations inability to implement all the planned activities.
- Ignorance fuels misconceptions that hinder use of condoms, health seeking behaviour and promotes stigma.

D) Management.

The management hired a part time doctor. There are two laboratory technicians, one on part time to help in outreach testing. One counsellor trainee was also hired. During the period under review, we were unsuccessful in soliciting more funds to bolster our original budget. However, we continued to operate under budgetary constraints.

Contributions and collaborations.

Name	Type of collaboration	Address
TASO Jinja Branch	Provides HIV/AIDS facilitators and trainers	C/O Jinja Hospital
UNASO Uganda Network of AIDS Service Organization	Network with all AIDS service organizations, sharing information, disseminating of information.	P.O Box 27346 Kampala,Uganda
Centre for African Development Initiatives (CADI)	Provide technical services, such as project evaluation, staff training and conducting baseline surveys.	P.O Box 3141, Kampala,Uganda
Ministry of Health	Provision of VTC kits, condoms, HIV/AIDS surveillance reports	Plot No. 213 P.O Box 7020 Kampala
Uganda AIDS Commission	Policy formulation and guidance monitoring, planning and advocacy	Sentema Road P.O Box 10779 Kampala, Uganda
UNAIDS	Link to donor agencies, information dissemination, advocacy, and international partnership guidance.	C/O WHO P.O Box 24578 Kampala, Uganda.
National Community of Women Living with HIV/AIDS (NACWOLA)	The organization is caring for the members (provision of medical support) NACWOLA (St. Francis Branch)	C/O St. Francis Health Care Services P.O Box 2210 Jinja Head quarters P.O. Box 4485 Kampala, Uganda.
Firelight foundation USA	Financial support to orphans: food, medical and income generation June 2000-June2002 \$10,000	441 Cedar street Santa Cruize, CA 95060 831, 4298750 USA
Sumaritan Purse USA	Financial support to home based care for St. Francis Clients Jun 2001-Dec 2001 \$5,000	
Sisters of Holy Cross	Financial support for care in the year 2000 of 2,800,000 shs	Sisters of holy cross P.O Box 657, Jinja.

Global strategies	\$3000 for PMTCT	USA
Hon. Wagonda Muguli (MP)	Ambulance	Buikwe North constituency.
Njeru Town Council	Land	P.O BOX 1 Njeru.
Wakisi Sub-county	Political support	P.O BOX 1530 Jinja.

11. Lessons learnt/Recommendations.

1. Behavior change does not match awareness, education as a battle against ignorance should be sustained.
2. In the absence of HIV/AIDS cure or vaccine positive living offers hope for an improved prolonged lives of many PHA's as long as medical and nursing care are provided.
3. Young people are more adaptive to abandonment of adverse cultural practices, VCT for adolescents and young people will go along way to change the youth sexual behavior and change the course of HIV/AIDS.

12. Materials /Products

- (i) 100 T-shirts with HIV/AIDS messages were produced.
- (ii) A 30 minutes documentation video was produced on two television stations.
- (iii) Photographs of various activities and individuals for display at the centre- 200 copies.
- (iv) Evaluation report.
- (v) Orphan needs assessment report.
- (vi) KABP survey report.

FINANCIAL STATEMENT
STATEMENT OF INCOME AND EXPENDITURE FOR PERIOD SEPT.30TH 2001-AUG
31ST 2002

A. Incoming Resources;	
• Bank Balance as at 30 th Sept 2001	1,439,846=
• Elton John AIDS Foundation	154,057,080=
• District HIV/AIDS integrated workplan Mukono District	120,000=
• Rev.Fr. McDermott.	1,000,000=
• Global Strategies for HIV/AIDS	5,229,900=
• Income from users charge	9,246,308=
• Income from sale of Saloon Car	1,700,000=
• Income earned on fixed deposit Reserve	<u>4,250,000=</u>
Total Incoming Resources	<u>177,043,134=</u>
B. Less Expenditure:	
• Mobilization, Sensitization & Education	
i) Drama and its Accessories	10,205,800=
ii) Workshops & Trainings	2,819,000=
ii) KABP Survey	3,000,000=
• Medical Support	
i) Purchase of Drugs & Sundries	17,770,850=
ii) Home care/Home visits	2,010,000=
iii) Fuel for outreach Activities	10,248,410=
• Counselling Services;	
i) VCT Services	2,010,300=
ii) CCA's Allowances	3,998,000=
iii) Cost of CCA's Bicycles	4,750,000=
• Office Administration	
i) Taxes Road licenses and third party	711,400=
ii) Registration Fees	150,000=
iii) Office Running	2,136,650=
iv) Rent for office premises	6,360,000=
v) Hire of Computer and its Accessories	360,000=
vi) Utilities – Telephones/Internet services	2,668,193=
- Postage & Stationary	372,900=
- Power Bills	240,000=
- Water Bills	215,000=
vii) Travelling expenses	1,047,750=
viii) Motor Vehicle maintenance	3,727,100=
ix) Bank Charges	1,659,563=
x) Governing Board Meetings	582,000=
x) Mid term Evaluation	3,200,000=

• Social Support		
i) Food for clients	17,850,000=	
ii) Client, orphan support through IGAs	12,398,900=	
• Volunteer Allowance	56,631,000=	
• Fixed asset acquisition	8,566,800=	
Total expenditure	175,689,616=	
Excess of Income over Expenditure	<u>1,353,518=</u>	
	<u>177,043,134=</u>	<u>177,043,134=</u>

C. Constraints:

- The organization had annual plan of shs. 361,312,000= (Three hundred sixty one million three hundred twelve thousand only) for financial year 2001-2002. However, a total sum of shs. Shs.177,043,134= (One hundred seventy seven million, forty three thousand one hundred thirty four only) was received from Elton John AIDS Foundation, other donors and local contributions, leaving the organization with a total deficit of shs.184,268,866= (One hundred eighty four million two hundred sixty six only).
- Due to the above factor, we could not carry on all activities as earlier planned but had to prioritize those activities which we deemed necessary and urgent to the community.
- The organization's goal to minimize expenditure and to achieve efficiency, St. Francis Health Care Services had to purchase bicycles for the CCA's so as to reduce on expenditures of their monthly allowances of shs.20,000= per person per month. This has increased mobilization in the area of their operations.
- The organization's activities have always been limited due to budgetary short falls and therefore request the foundation's more funding so as to implement the activities as earlier planned.
- We thank the Elton John AIDS foundation for the support it has rendered and we look forward for your continued support to enable our organization achieve its objectives as the number of clientele is ever increasing day after day.

GRAPH SHOWING THE DIFFERENT SOURCES OF INCOME.

