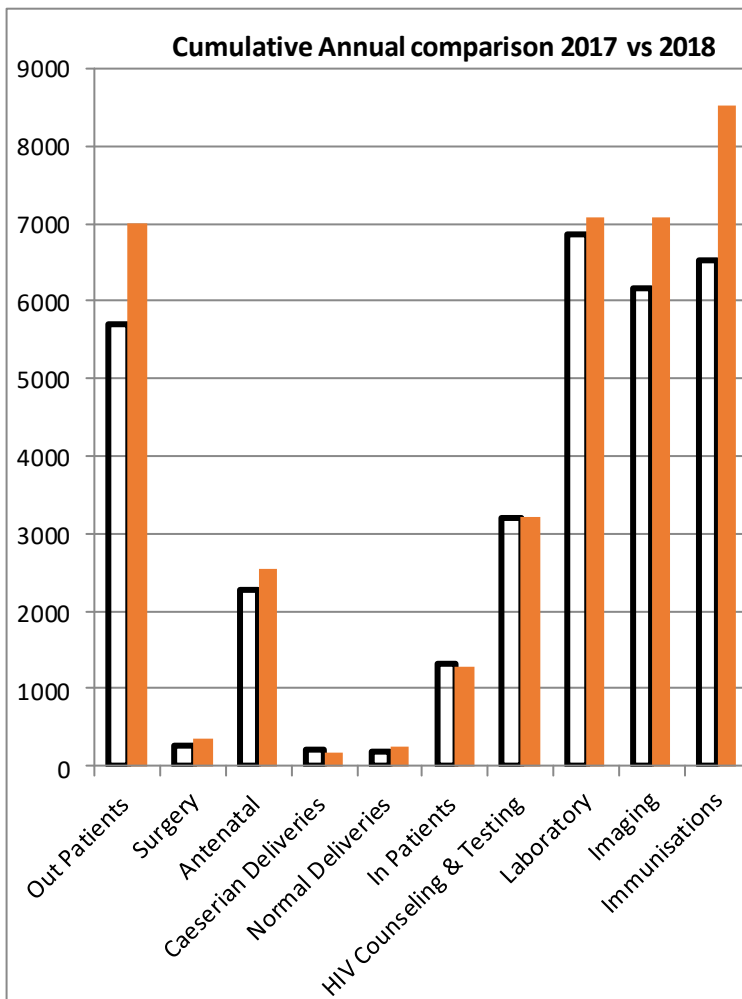




Annual Report 2018

2018 was a year of progress for KCHAF notwithstanding a few manageable hiccups that we came across as we carried on. We are very grateful to all our funding and implementing partners that were a part of this year

HEALTH



	2017	2018
Out Patients	5704	7013
Surgery	260	354
Antenatal	2283	2543
Caesarian Deliveries	210	183
Normal Deliveries	192	245
In Patients	1313	1278
HIV Counseling & Testing	3214	3217
Laboratory	6867	7093
Imaging	6167	7084
Immunizations	6530	8529

2018 registered higher numbers at all service points except Caesarian deliveries and In-patients.

The increase in patient numbers is call for preventative interventions on one hand but on the other hand, it is an indication of capacity for the medical Centre to generate revenue from 70% of its services for sustainability of operations for the medical Centre.

This user collection fund we hope will grow into a funding source for the outreach program

Majority of the OPD patients are diagnosed with Gastro Enteritis, Urinary Tract Infections, Common Colds, ENT infections, and Respiratory Tract Infections.

On the other hand, the inpatient cases were mainly Gastro Enteritis, Bacteremia, Trauma, Pneumonia and Road Traffic Accidents

Our screening services diagnosed 45 cases with HIV/Aids and enrolled them for care and 17 women tested positive with the Human Papilloma Virus that causes cervical cancer.

Our outreach program is the best avenue to achieve the aspect of service to the most vulnerable populations in our community who are not able to seek health care at the facility. This year we were able to pursue this mode of service; thanks to CHERA for supporting the Safe Motherhood in Busongora (SMB)outreach program.

SMB delivered an integration of services to at least 3000 women living in the very hard to reach places of Kasese. SMB services to the rural women included Antenatal and post-natal care, Cervical cancer screening, Family Planning, HIV testing & care, Hepatitis B screening & vaccination and health talks on prevention of disease. SMB also provided comprehensive immunization to at least 2000 children below 1 year.

Baylor College of Children’s Medicine Foundation, Ruharo Eye Hospital, Rotary Kasese were also great partnerships that gave us an opportunity to stretch our services and reach the vulnerable masses in the hard to reach places. Baylor college of children’s medicine funded the implementation of Accelerating Epidemic Control in Fort Portal Region (ACE - FR). ACE-FR benefitted at least 1125 Orphans and vulnerable children living with HIV



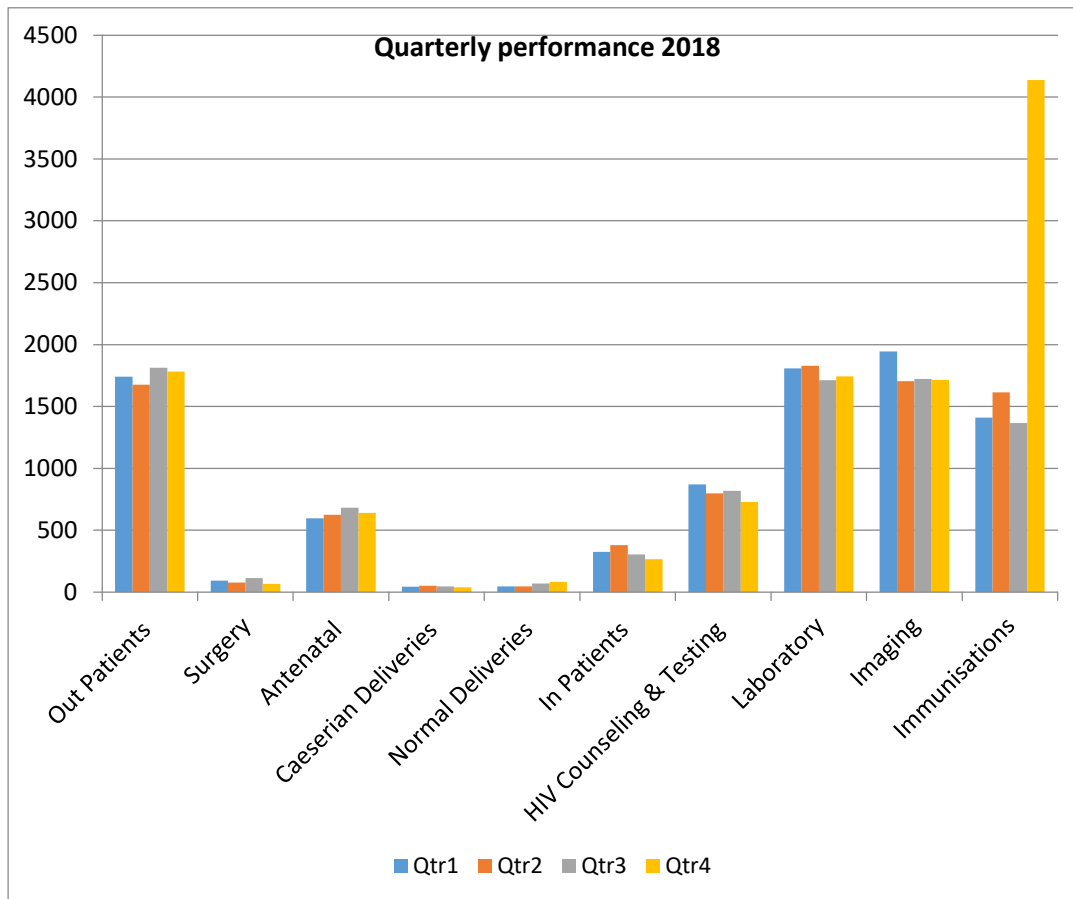
Annual Report 2018

Aids. ACE-FR supported these children with counselling services, adherence guidance and scholastic materials to stay in school. ACE-FR program also supported 325 care takers of these OVC with psychosocial services.

The partnership with Rotary Kasese in a medical camp in Mahango village on the slopes of Mountain Rwenzori cannot be excluded from the new diagnosed cases with Cervical cancer and HIV.

The Ministry of Health providing us with anti-malarias and antibiotics to equip our Village Health Team to treat community members that test positive to malaria tests or indicate symptoms of infection was a plus to our outreach program.

Thanks to Populations Services International & Medical Access Uganda Limited which enable the 100% free Art clinic services and highly subsidized Cryotherapy and family planning services at our facility



The quarterly performance as displayed in table is more stable compared to 2017. The variations within the year were minimal. Immunization shot out of range in the last quarter because of the national child plus immunization program.

Our patients over the year were 40% children, 35% women and 25% men.

2018 service in Nos	Qtr 1	Qtr 2	Qtr 3	Qtr 4			
Out Patients	1740	1677	1814	1782	-4%	8%	-2%
Surgery	94	78	114	68	17%	46%	-40%
Antenatal	596	625	682	640	5%	9%	-6%
Caesarian Deliveries	44	52	47	40	18%	10%	-15%
Normal Deliveries	47	46	70	82	-2%	52%	17%
In Patients	326	381	306	265	17%	20%	-13%
HIV Counseling & Testing	870	798	820	729	-8%	3%	-11%
Laboratory	1808	1829	1713	1743	1%	-6%	2%
Imaging	1944	1704	1722	1714	-	12%	1%
Immunizations	1411	1613	1367	4138	14%	15%	203%

70% of the services offered at the facility are at a cost recovery fee.

The medical Centre generated \$303,572 / UGX 1,092,860,000 from the user fee collections in 2018. This was 83% of the recurrent operational expenditure. Thanks to CHERA for the supplementary funding to our operational costs.

Our capacity is limited to sustaining our operations but thanks to CHERA for the capital fund that enables acquisition of hospital equipment and to various partners that enable 100% the outreach program.



Annual Report 2018

EDUCATION

Program was implemented according to plan. **208** Orphans and Vulnerable children (OVC) were supported with school fees. Termly school visitations were conducted to schools to further support the children with carrier guidance.

Peer adolescent groups have been formed to aid especially the adolescent girls cope with growing through the stage.

The home visitations during the year remained the best way to do adherence counselling for the OVCs that were living with HIV /Aids. The visits were also an opportunity to identify and link cases of malnutrition to health care. Poor feeding cannot be excluded in many of these OVC households and this has many times resulted in optimistic diseases and in some cases extremely malnourished children. A well-wisher from Mississippi committed to supporting the cause of nourishing the severe cases of malnourished children with \$300 per month. With this fund the program will be able to provide nutrition support to at least 4 children every month.

The limited funds is a big factor hindering execution of the education program activities exhaustively. The intensity of psychosocial activities translates into high retention of children in school and adherence to health care for the HIV positive beneficiaries. Unfortunately, we have gradually reduced the frequency of visits for this purpose because of the reduced allocation of fund to this activity.

Godfrey Bwambale an alumni of the education program and served as clinical officer at the organization's medical Centre since August 2016 was sponsored to do a 3 years' diploma course in public health dentistry. Dental care is one of the neglected services especially in rural Uganda so we envisage establishment of a fully-fledged dental care unit in the near future and his skill will be a vital resource

Sustainability of the education program has been a long time concern for the organization. The Alumni Association formed in 2017 was pooling resources to support the program but a lot more was required. The third quarter of 2018 closed off with completion of the maize mill project in effort to contribute to the solution of funding for the program. Thanks to CHERA for the \$23,658 funding and the local effort that raised \$6,928. The performance of the initial farming season did not yield as planned but we learned our lessons and in the near future we see a big solution from the project. We are laying strategies to counter the unpredictable falling prices and the high cost of production. We are also making every effort to secure market that we can monopolize.

Operations

Governance; A new Board of Directors was elected by the General assembly on the 10th December 2018. 8 members of the elected board were returning to serve their 2nd term in the same capacities while 2 of them were new.

We closed off the year with an evaluation of the five-year strategic plan that run 2013 -2018. The evaluation indicated performance/achievement up to 62%. A big part of the 38% was due to financial constraints.

The process of instituting the strategic plan for the next five years (2019 – 2023) was started and should be completed by the end of June 2019.

Human Resource; We maintained high levels of competence and commitment for the 52 staff. Our staff grew by 6 within the year to match the increased activities tagged to the new outreach programs. We retained 83% of the staff we started with at beginning of year. 3 of our staff are upgrading their skills; One pursuing a diploma in public health dentistry, one doing internship at the national referral hospital as a degree nurse and one doing a diploma course in Ophthalmology.



Annual Report 2018

Finance: Total income for the year was 1,761,966,796UGX / \$489,435. 62% of this was locally generated from the user fees at the medical Centre.

35% of the donations were towards the Education program and 65% towards the health arm of the organization. Only 10% of the Total Income was spent on capital expenditure – There is need to mobilize funds to support growth of our asset base as this directly translates into better service.

We have not yet achieved 100% self-support for the organizational operations but we have made progress and have this very high on the list over the next five years

We closed off the year with a justifiable low working capital ratio and we will make every effort to address this position in 2019

Networking/Partners: We were successful in establishing partnership with Baylor College of Medicine Children's Foundation and Uganda Protestant Medical Bureau both supporting the ART clinic of the organization. We also partnered with Gould Family Foundation (GFF) and signed an MOU. GFF supports health facilities with bio medical equipment and we await materialization of our request that we filed in September 2018. We are very hopeful that the partnership with Globe Med International will yield a chapter that we can be linked to for support to our outreach program.

What does KCHAF's strategy for the future look like?

- 1) Construction of a Hospital with the capacity of 150 beds on our 10 acres of land located at Kogere in the municipal of Kasese District. There can't be a better solution to the space constraint visavee the grown numbers of patients that we attend to. The un systematic flow of services and the compromise of standard guidelines & regulations are to a big extent due to space limitation but also due to the unsuitable setting of the structures. The structures were not constructed for the purpose of hosting a medical facility and as such for the last 13years there has been a lot of modification to make the structures compatible with a medical Centre setting.
- 2) We are mobilizing support for acquisition of equipment and space that will enable enhancement of the eye care and dental care services. Two staff are on training already in these 2 respective professions and we hope to utilize their resourcefulness when they return.
- 3) The impact of the SMB program to the community in Busongora rejuvenated the call to serve the vulnerable populations in remote Kasese that have constrained access to health care services. We will put effort to mobilizing resources so we can expand and intensify our outreach program from the current twice a week to at least thrice a week.
Transportation to the SMB sites was the biggest challenge to the program. The roads to most of remote Kasese are extremely impassable and in some cases we had to fore go the scheduled outreach. Thanks to CHERA for the support to acquire a new land cruiser – we can now be sure that the biggest challenge is no more for 2019 onwards.
- 4) Continuous review to harmonize the policies and procedures guiding the organizational operations to enhance performance of staff and systems. The strength of our service lies in the good performance of the staff and streamlined operational policies. For example, we will continue to establish local partnerships to benefit from external quality controls and support supervisions of the health services

KCHAF has not exhausted achievement of its vision; we celebrate every stake holder that is going this journey with us. We are achieving because we have the support of many individuals and organizations.

We appreciate especially CHERA for their continued financial support, the Board of Directors for the leadership and staff for the management & implementation.