



KIDA

KITOJO INTEGRATED DEVELOPMENT ACTION

KIDA
ANNUAL REPORT
2020



“Empowering lives”

OUR VISION

Empowered people taking care of their own lives.

OUR MISSION

To enable individuals and communities improve their quality of life through education, provision of quality and affordable health care and promotion of self-help initiatives.

OUR CORE VALUES

- * Love
- * Integrity
- * Transparency
- * Confidentiality
- * Commitment

OUR MOTTO

'Empowering Lives'





KIDA
ANNUAL REPORT
2020

KIDA Governance

Board Of Directors

List of the outgoing Board of Directors

No	Name	Title
1.	Rev. Capt. Canon. Bamanya Yusufu	Chairperson
2.	Rev. Canon. Ezra Musobozi	Director
3.	Ven. Rev. Solomon Kandole	Secretary
4.	Mr. Mordeai Kakorwa	Member
5.	Mrs. Grace Kyomya	Member
6.	Rev. Canon John Rwegiza	Member
7.	Mrs. Marjorie Musobozi	Member
8.	Miss. Ruth Byabusa	Member
9.	Miss. Angela Rweyora	Member

List of the incoming Board of Directors

No	Name	Title
1	Mr. Patrick Muzinduki	Chairperson
2	Ms. Grace Mugasa Karungi	Vice Chairperson
3	Rev. Canon. Ezra Musobozi	ED/Secretary
4	Mrs. Grace Kyomya	Member
5	Mrs. Deborah Katehangwa	Member
6	Mr. Patrick Tumwine	Member
7	Mr. Leonard Immanishimwe	Member
8	Dr. Bahizi Archbald	Member

BOARD COMMITTEES

Finance, Planning and Administration Committee

No	Name	Title
1	Mr. Leonard Immanishimwe	Chairperson
2	Mrs. Grace Kyomya	Member
3	Rev. Canon. Ezra Musobozi	ED/Secretary
4	Mr. William Ndoleriire	Member
5	Mr. Patrick Tumwine	Member
6	Mr. Vincent Rwakijuma Kazooba	Member

Health Services Committee

No	Name	Title
1	Dr. Bahizi Archbald	Chairperson
2	Mrs. Grace Kyomya	Member
3	Rev. Canon. Ezra Musobozi	ED/Secretary
4	Mr. Kasukali Methusela	Member
5	Ms. Grace Karungi Mugasa	Member
6	Mrs. Deborah Katehangwa	Member

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Foreword



The year 2020 has been very delicate yet successful for Kitojo Integrated Development Action (KIDA) given the Covid 19 situation in the picture. Our organization officially registered with the national NGO Bureau and therefore looking forward to expanding our

services to the other parts

of the Ruwenzori Region. Over the last twelve months we made notable achievements, in all our core programs encompassing health service delivery, education and financial services as will be unfolded in this annual report. Our partners remained supportive even with the Covid 19 challenges. Special appreciation to the Friends of Ruwenzori for the amazing support towards our programs to serve the rural community.

A major development over the last year has also been the appointment of the new Board of Directors, a team with particular knowledge, zeal, energy and creativity. The organization's structure was also

overhauled to accommodate the three newly introduced directorates of Finance Planning and Administration, Programs and Health services. There are two Board committees that supervise the work executed in the three directorates and these are the Finance, Planning and Administration committee and the Health services committee. Most importantly there is a new constitution that establishes these new structures and therefore optimism is high to galvanize efforts to steer the organization to greater heights.

Special appreciation to the outgoing Board and committees for setting the pace and serving diligently and to our funders and implementing partners for making this year possible. Our management and staff did incredible work and we are proud of your efforts. I believe it has been a great year, as we are happy with the continuing growth of our organization and we look forward to greater achievements in the year ahead.

Mr Patrick Muzinduki

Chairperson Board of Directors

A Message from the outgoing Chairperson of the Board of Directors



Dear readers, greetings in the precious name of our Savior Jesus Christ.

Psalm 27 reads that the Lord is my Light and salvation whom shall fear? I therefore thank God for all the wonderful things KIDA has achieved and more so the calling of the Rev. Ezra Musobozi and his Wife Adyeeri Marjorie Musobozi for initiating such a godly and wonderful project which has greatly assisted God's people in the community of Ruteete and Kabarole at large.

KIDA started from nothing but now it is something admirable. Beginning at Rev. Ezra and Marjorie's home, slowly a 'Ekikoko' temporary office was built at its land and growth continued to manifest to the present level. It was not an easy journey for the Director to endure many scenarios of seeing the suffering of many poor and vulnerable community dwellers. Yet myself as Board Chairperson with all Board members supported him because of the compelling vision of empowering such lives to be self-supporting.

KIDA's original aim was to serve a small community of Kitojo village and her immediate neighborhood holistically. But by the Grace of God, the organization has expanded to a larger area serving thousands of people. I therefore extend my sincere appreciation for the following



The outgoing Board



Rev. Canon. Yusuf Bamanya handing Over to Mr. Patrick Muzinduki

Board members who have since been part of the transformative milestones in health, education savings and credit and vocational skills training to mention a few.

As we hand over to the new board in accordance with the new constitution of the organization, I say like St. Paul in 2 Tim. 4:6, "*I have fought a good fight, I have finished the race*". We are very grateful for having been given the opportunity to serve humanity in that way and pray that our successors will pick up the mantle and carry KIDA to greater heights in the name of Jesus Christ.

Rev. Canon. Yusuf Bamanya

Message from the Executive Director



On behalf of the senior management team and staff of Kitojo Integrated Development Action (KIDA) I extend my sincere gratitude to all those who supported us to serve our rural community. Special thanks to the Friends of Ruwenzori (FoR) for their gigantic hearts that beat for KIDA community.

Thank you for walking with us through 2020. It has been a challenging journey through the Covid 19 pandemic period, when the future seemed blurred. Everyone feared for their lives when the country was sent into a lockdown for months, education institutions closed, transport was curtailed, curfew hours were announced and any gatherings prohibited.

This affected KIDA programs in one way or the other. For instance patients feared to come to hospital, others lacked transport means to move, the vocational training program closed for eight months, the OVCs were out of school for close to a year and KCHIP groups couldn't meet. However, adherence to all the Standard Operating Procedures had to be observed in the workspace and outside. It was the new norm.

Despite the advent of Covid 19 that took the world by storm, we made significant achievements through thick and thin that we are proud to share with you in this annual report.

I am pleased to report that a special OVC outreach program for shoemaking and other craft making skills was birthed and implementation started in November 2020. These are being offered in three centres of Kasenda Church of Uganda, Iruhuura Church of Uganda and KIDA premises. There is optimism that the community members will be impacted positively

by having their income boosted creating and securing their own jobs. We targeted 80 learners but 150 have already shown interest.

The year 2020 saw KIDA transition from a Community Based Organization (CBO) to a Non-Governmental Organization (NGO). This came along with some changes in the Organization structure, new committees and the new Board. The new Board was inaugurated on the 4th December 2021 and on the same date the old Board was sent off. We shall for ever be indebted to the out going Board members for their selflessness, hard work, and unity in all matters pertaining to the development of KIDA. Yet we look to the new Board with great enthusiasm to pick from where the outgoing board has left us given their vast experience in community development arena.

One staff called Asaba Moses who was sponsored by the organization completed a diploma course in sonography. We are hopeful that he will begin to serve the Hospital in that capacity in the coming year. Lastly, I appreciate all our staff members for the resilience through the covid times. Some of them moved on foot to come for duty, others worked from home for some time and others could not access their families for months yet we could not fear to say to each other ‘bravo’ as we closed the year. They in collaboration with the other stakeholders made the work possible.

Rev. Canon. Musobozi Ezra Monday.

PROGRAMS

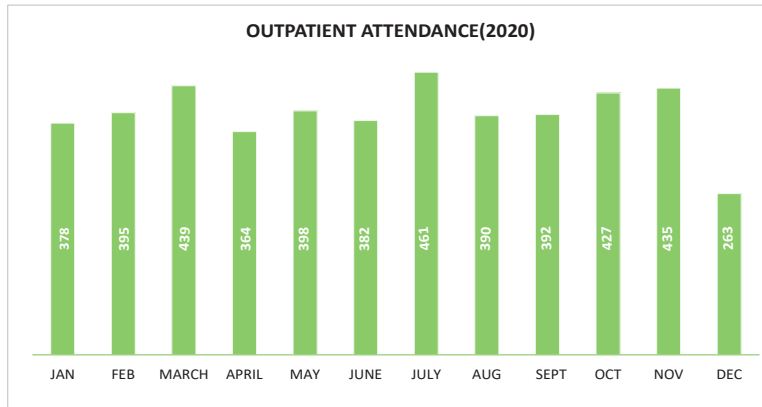
HEALTH SERVICES REACHING THOUSANDS

Despite being situated in the rural community, KIDA Hospital offered quality and holistic care to clients in the catchment areas of Ruteete, Kasenda, Kiyombya and Kiko Town council. Here below is a look at performance as per the few primary performance indicators of national and public health interest



Out-patient utilization

In the year 2020, we served 4724 as out-patients achieving 78.7% of the target.



Age Category	0-28Days		29 Days-4yrs		5-9yrs		10-19yrs		>=20years			
	M	F	M	F	M	F	M	F	M	F	Total	Target
Sex												
Total	1	3	458	481	200	116	229	357	971	1908	4724	6000



Patients being attended to at OPD

Admissions/In-patient Care

In the hospital's 44 bed capacity, 2304 clients, 35.2% of whom being children were served as in-patients as the table below shows.

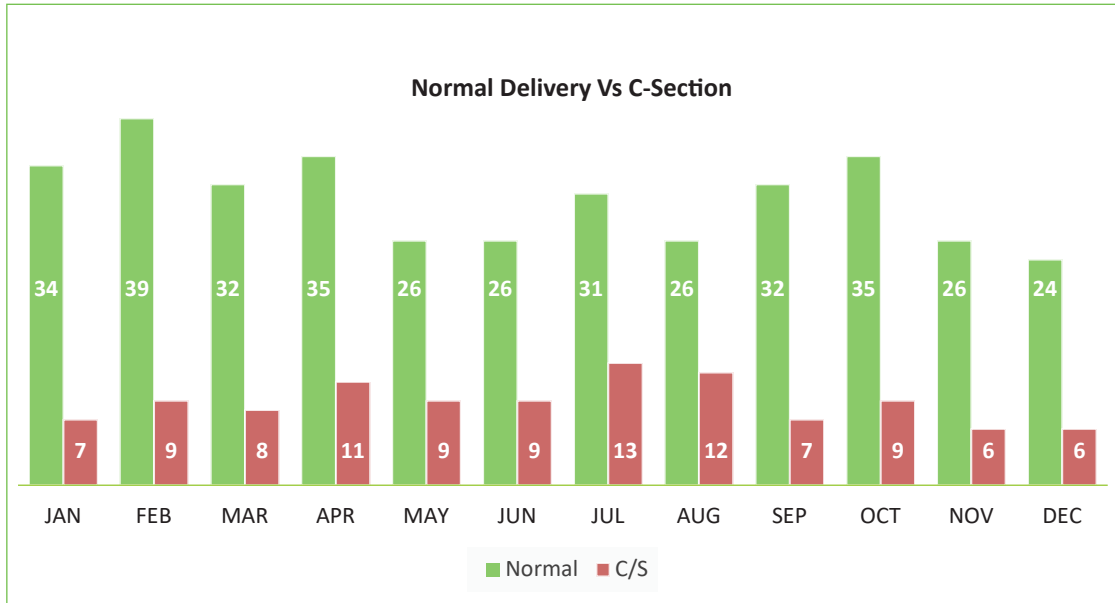
Month	Peadiatrics	Male	Female	Maternity	Total
Jan	71	28	23	57	179
Feb	66	16	35	60	177
Mar	79	30	36	56	201
Apr	61	21	34	71	187
May	69	22	41	49	181
Jun	66	23	42	47	178
July	64	34	47	63	208
Aug	78	38	38	54	208
Sep	66	29	42	73	210
Oct	75	25	41	67	208
Nov	54	22	44	51	171
Dec	63	34	47	52	196
Total	812	322	470	700	2304

Deliveries

A total of 472 safe deliveries were conducted and obstetric care given achieving 78.7% of the annual target.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Normal	34	39	32	35	26	26	31	26	32	35	26	24	366
C/S	7	9	8	11	9	9	13	12	7	9	6	6	106
Total	41	48	40	46	35	35	44	38	39	44	32	30	472
NND	0	0	0	0	0	0	0	0	0	1	0	1	2
Fresh still Birth	1	0	1	0	0	0	0	1	0	0	1	0	4
Macerated still birth	0	1	1	0	0	1	0	2	1	0	1	0	7
Deliveries to HIV+ Mothers	4	7	5	2	4	4	5	4	2	2	3	2	44
Babies <2.5kgs	5	4	1	9	2	3	5	5	5	5	5	3	52
Arbotions	0	0	1	0	3	3	7	2	5	1	4	1	27
Malaria in pregnancy	0	0	0	0	2	5	6	4	8	3	5	6	39

Age Group	<15 yrs	16-19 yrs	20-24 yrs	25 -49 yrs	50+yrs	Total
No	0	96	163	213	0	472
%	0	20	35	45	0	100

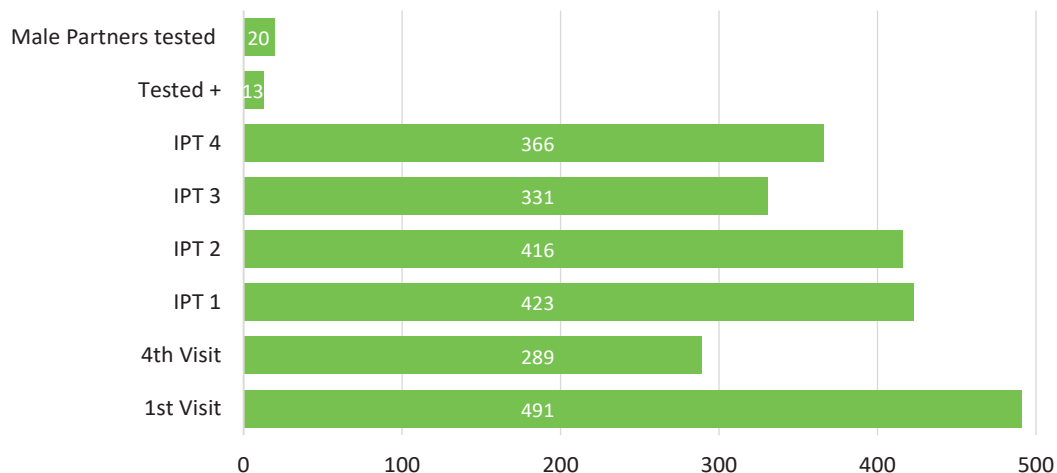


One of the baby's born prematuary at KIDA Hospital being home visited

Antenatal Care & Postnatal Care

In the Antenatal clinic 1477 mothers were served, 491 being first time encounters and 289 came for the 4th ANC Visit. 13 mothers tested HIV+ in ANC clinic and were all initiated on ARVs. A total of 20 male partners were tested for HIV in the ANC clinic. 854 mothers received postnatal services at 6hours, 6 days, 6 weeks and 6 months.

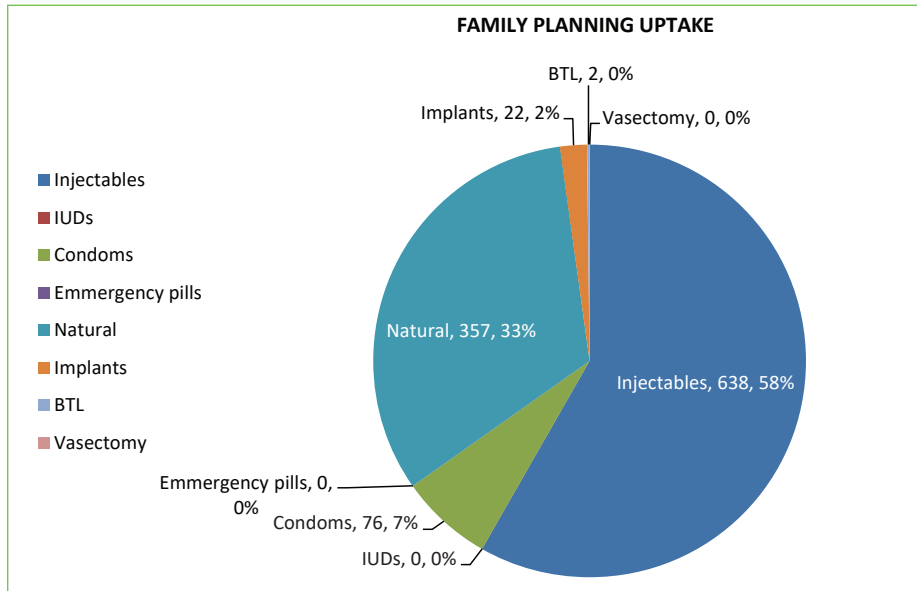
ANTENATAL DETAILS



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PNC AT 24HRS	19	32	26	47	35	35	31	38	35	43	30	29	400
PNC AT 6 DAYS	3	1	0	0	10	10	8	1	0	0	15	3	51
PNC AT 6 WKS	12	13	13	0	29	14	18	23	19	34	27	19	221
PNC AT 6 Months	9	8	8	0	30	15	24	15	14	29	10	20	182
TOTAL	43	54	47	47	104	74	81	77	68	106	82	71	854

Family planning

The population of 1157 clients received family planning in the year 2020 as shown below. 58% of them used injectables, natural family planning methods at 33%, Condoms 7%, Implants 2%. 2 clients were done tubaligation. Methods of IUDs, Vasectomy and Emergency pills, were not utilized at all throughout the year.

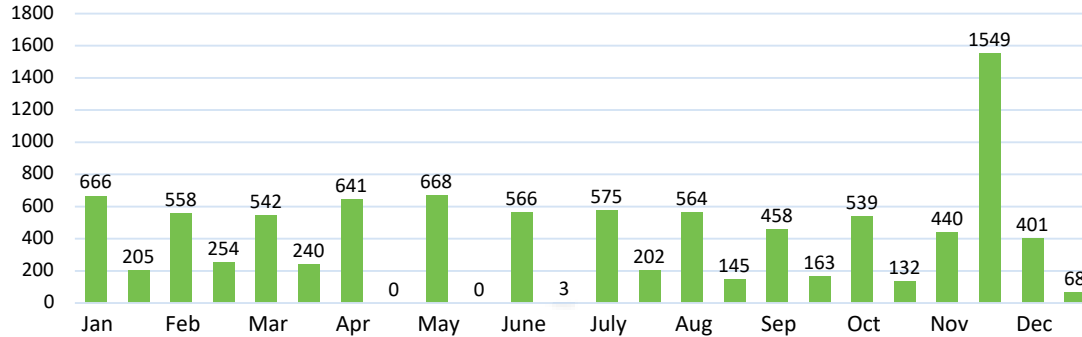


Age Group	<15 yrs	16-19 yrs	20-24 yrs	25 -49 yrs	50+yrs
No	1	198	388	570	0
%	0.1	17.1	33.5	49.3	0

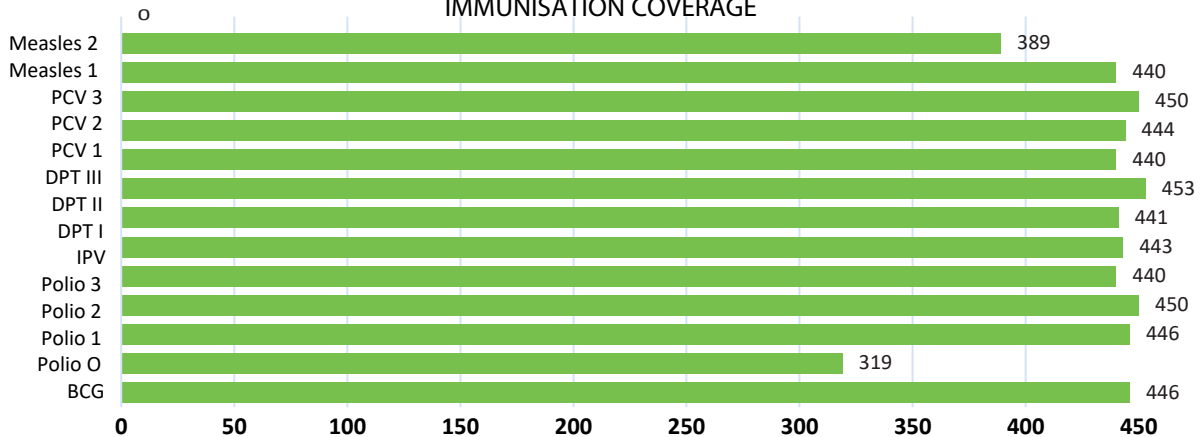
Immunization

Immunization was actively conducted both at outreaches and static programs. A total of 9579 babies were immunized (static 6618 and 2961 during outreaches). For the year 2020, DPT dropout rate stood at 0.23% while Measles dropout rate stood at 11.8%.

IMMUNISATION COVERAGE



IMMUNISATION COVERAGE



HIV Testing Services

A total of 1130 people tested for HIV. 44 of these tested positive and 41 were linked into care. In the EID clinic 17 babies were discharged HIV free, two sero converted.

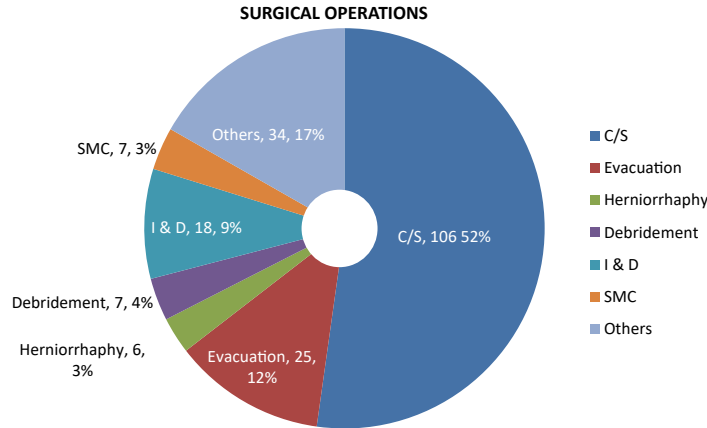
	JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
<1yr	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
1-4yrs	4	4	1	1	0	0	0	0	1	1	0	0	2	0	1	1	1	0	0	0	0	0	0	0	0	17
5-9yrs	1	5	0	2	0	0	0	1	2	0	0	0	0	0	0	1	2	1	0	1	0	0	0	0	0	16
10-14	5	5	2	1	2	3	1	1	0	0	0	4	0	1	1	0	1	1	0	0	0	2	1	1	32	
15-19	2	23	3	5	1	4	0	3	3	9	1	17	0	13	1	17	3	5	2	8	0	9	1	7	137	
20-24	2	65	1	15	2	10	2	7	0	16	1	26	0	18	0	36	3	23	0	14	0	12	3	18	274	
25-29	4	41	1	10	3	8	5	7	1	8	1	18	5	15	8	27	4	13	0	14	1	14	3	17	228	
30-34	3	28	1	6	3	8	0	2	2	6	14	18	2	12	9	14	16	8	1	16	2	7	0	4	182	
35-39	4	15	5	1	10	7	3	3	0	8	1	5	2	10	7	4	5	3	0	6	3	0	2	7	111	
40-41	1	4	3	1	4	1	2	2	0	2	1	2	2	3	2	2	5	0	0	1	2	6	1	1	48	
45-49	3	1	0	3	1	0	0	1	0	2	2	1	2	0	6	0	7	1	1	1	2	2	0	1	37	
>50yrs	3	2	5	4	3	2	2	1	1	0	7	4	1	0	0	0	1	4	0	0	1	1	0	0	42	
Total Tests	36	195	22	49	29	43	15	28	10	52	28	95	16	72	35	102	48	59	4	61	11	53	11	56	1130	
Total Positive	2	3	0	5	1	4	0	1	0	1	2	1	4	3	2	1	3	3	1	0	0	2	1	2	42	
Linked to care	2	4	0	3	1	4	0	1	0	1	2	1	4	3	2	1	3	3	1	0	0	2	1	2	41	



Clinical team during a follow up visit for HTS services

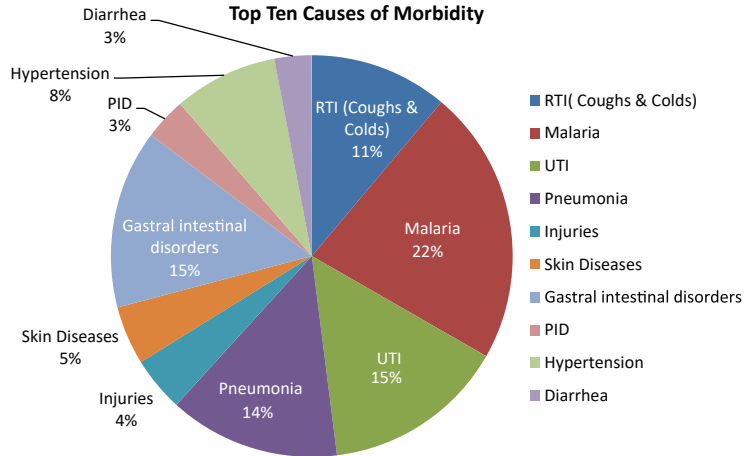
Surgical Operations

The theatre remained operational with performances of both major and minor operations. In the year under review, 203 operations were done.



	C/S	Evacuation	Herniorrhaphy	Debridement	I & D	SMC	Others	Total
Jan	7	2	2	0	2	0	4	17
Feb	9	8	0	0	0	0	0	17
Mar	8	0	0	1	6	0	3	18
Apr	11	5	0	0	2	3	2	23
May	9	0	0	0	2	1	3	15
June	9	0	0	0	2	1	3	15
July	13	4	2	0	0	1	2	22
Aug	12	3	0	0	0	0	4	19
Sept	7	2	2	4	4	0	5	24
Oct	9	0	0	0	0	1	1	11
Nov	6	1	0	1	0	0	2	10
Dec	6	0	0	1	0	0	5	12
Total	106	25	6	7	18	7	34	203

Top Causes of Morbidity



A child admitted in the children's ward

KITOJO CARE SACCO AMIDST THE PANDEMIC OF COVID-19.

Dear our esteemed readers I warmly greet you on behalf of the staff and Board of Kitojo Care SACCO. Thank you for your continued support and cooperation. It's because of you that we are still standing even though we were hit by covid19. Management and staff have always endeavored to serve tirelessly to the best of their ability despite the tough times.

The Board and Management of the SACCO extend their appreciation to all loan clients who endeavored to pay their loans amidst Covid19. They did great and gave this SACCO a push.

Brief history

Kitojo Care SACCO began in 2007 as a KIDA initiative with only 58 members that were living with HIV/AIDS. However, later they interested their care takers and other people to join, thus opening it for everyone. Now it serves over 2739 members with over 300 clients benefiting from the loan products as the rest actively saving.

The SACCO extends its services to Kabarole and Bunyangabu Districts. Below are the names and responsibilities of the Management and staff:

Mr. Kusemererwa Fortunate	Manager
Ms. Kalungi Barbra	Accountant
Mr. Kasami Job	Loans Officer
Ms. Kengonzi Pamela Prellah	Cashier
Ms. Kasembo Anna	Cashier
Ms. Kabagaya Molly	Ass. Cashier
Mr. Ahalimpisya Robert	Loans Officer
Mr. Byaruhanga Paskali	Security Guard
Mr. Matisko A Joseph	Security Guard

Financial Performance

The performance presented below is extracted from the SACCO's audited books by Ruma and Associates Certified Accountants for the year ended 31st December 2020.

ITEM	2020	2019
Savings	473,708,925	603,769,134
Loan Portfolio	464,200,991	634,344,056
Share Capital	81,645,000	74,210,000
Surplus	54,182,151	25,012,094
Membership	2739	2602

Achievements for the year

- * Registered increase in membership from 2,602 to 2,739 in 2020.
- * Financed the 2020 budget amidst the COVID19 Pandemic and made a surplus.
- * Constructed the Sacco offices up to the wall-plate level amidst the COVID19 pandemic now ready for roofing.
- * Reviewed our policies i.e. the loans policy, the human resource and Accounting manuals.
- * Introduced new loan products i.e. Solar loan and Water and Sanitation (WASH) loan. For more information, you reach out to the manager and the loans department.
- * Installed a new software called Savings Plus which inter links the field office to the main Branch and it has an element of Mobile Banking. we acquired this Software with the help of UCCFS supported by Agriculture Business Initiatives (ABI).
- * Through networking we received a printer, a set of desktop computer and a solar system from UCCFS (Uganda central Cooperative Financial Services).
- * Procured a money safe for the field office in Rwankenzi.



SACCO offices under construction

Challenges

- * High rate of loan defaulting during COVID–19 pandemic.
- * The number of dormant accounts is still high.
- * Poor saving culture by the members.
- * Failure by some members to pay their contribution towards the construction of the SACCO offices as agreed in the 2019 AGM.
- * Limited office space where the SACCO is currently operating from.

Future Plans

- * Introducing re-activation fees to curb poor saving culture.
- * Introducing withdraw fees on withdraws made to cater for things like transport costs, stationary and bank charges as shown below.

Ranges(Shs)	Charge (Shs)
1 -1,000,000	200
1,000,001 – 2,000,000	500
2,000,001 - 4,000,000	1,000
4,000,001 - 6,000,000	1,500
6,000,000 - Above	2,000

- * Collecting building fees to continued with the construction of our SACCO offices.
- * Mobilization of new members especially groups and dormant accounts.
- * Completing the process of acquiring a land title where the new office structure sits.
- * Completion of our office structure if funds allow.
- * Review our business plan.
- * Conducting member's sensitization on savings both at the head office and field office.
- * Procure a new motorcycle for the loans officer next year.



Mrs Grace Kyomya, a beneficiary of the agricultural loan



Mr Asiiwe Joseph, a beneficiary of the agricultural loan

List of Kitojo Care SACCO Board members

No	Name	Title
1	Mrs. Grace Kyomya	Chairperson
2	Mr. Nyanduru Peter	Vice Chairperson
3	Mrs. Winfred Nyangoma Kaliba	Secretary
4	Mrs. Phedress Kusemererwa	Treasurer
5	Mr. Byamukama Alex	Member
6	Mr. Katuramu Deus	Member
7	Mr. Tushabe Junior	Member
8	Sr. Frances Kiiza Mugarra	Member
9	Mr. Ndugu Amos	Member
10	Mrs. Marjorie Musobozi	C/P Loans committee
12	Mr. Robert Mugenyi	C/P Finance committee

VOCATIONAL SKILLS TRAINING FOR THE YOUTH

KIDA vocational skills training offers the following courses; Bricklaying and Concrete practice, Carpentry & Joinery, Tailoring and Hairdressing. A student is free to take more than one course.

The year 2020 began well and we registered 35 students across all courses. However, on 20th March 2020 all schools in the country were closed due to the covid 19 pandemic, all students stayed home until October when they were reopened for candidate classes. However, when vocation program reopened, only 12 (6 females and 6 males) returned thus reducing the school enrollment. We are proud to share with you what some of the students are up to in their respective communities.

Success stories

John Baptist was empowered through the vocational skills

John Baptist comes from a poor family and is an orphan. He couldn't continue with secondary education because his mother could not afford the school fees hence, he decided to join KIDA Vocational Program right after primary education.

John Baptist is proud of the following achievements;

- * Bought land
- * Married and can sustain his own family
- * Looking after his mother and paying fees for two of his siblings
- * He rears animals and goats in particular
- * He is happy because every day he has work to do as jobs are available most of the time within his local area



John Baptist at his construction work



Two years after acquiring Vocational skills, Akampurira is hopeful for a bright future.

Akampurira Ronald joined the Vocational Training Program in 2016 and he proudly counts his achievements;

- * Built his own semi-permanent house
- * Rears animals where some money is invested instead of keeping money in the Bank.
- * Pays school fees for his young brother
- * He is very happy because he can sustain himself



Susan doing hairdressing hands-on

Suzan now perfect in hairdressing

Suzan Nyakaisiki was doing her practice for hair dressing and saloon management in one of the saloons in Fort portal city. During her period of stay she had learnt much and is now able to do work without or little supervision.

SUPPORT FOR THE ORPHANED AND VULNERABLE CHILDREN

The OVC department continued to operate through 2020 much as there were many interruptions due to Covid 19. After paying school fees and buying scholastic materials for all the OVCs in February, the President of the Republic of Uganda announced the closure of all schools on March 8th and all students and pupils went home.

It was a difficult time while at home because some of the OVCs experienced Gender Based Violence, as some girls were impregnated and others given away for marriage. When the government announced the program to distribute reading materials for learners giving priority to the candidates, the OVC coordinator reached the Sub County offices and gathered the materials and started photocopying for each of the learners. Since public transport was curtailed and the learners couldn't move to pick the materials, it was a task for the OVC Coordinator to move to the OVC's homes to deliver their learning packages while observing the Standard Operating Procedures.

In October when the Government opened schools for only the candidate classes, 50 of our OVCs reported to their respective schools. We are forever grateful to the Friends of Ruwenzori for loving our dear orphans and for giving them opportunity to go to school even when the economic situation was not favourable due to the Covid 19 Pandemic.



OVC receiving notes during COVID lock down



Crafts making in the community

There also was a special outreach project with support through Kranich AIDS Africa for OVCs that was launched in November 2020 offering skills in shoe making (both sandals and "go-back to school closed shoes"), baskets, ponchos/lady's shawls, belts and key holders making. Classes were being taken once a week for every outreach centre including Kasenda, Iruhuura and KIDA.

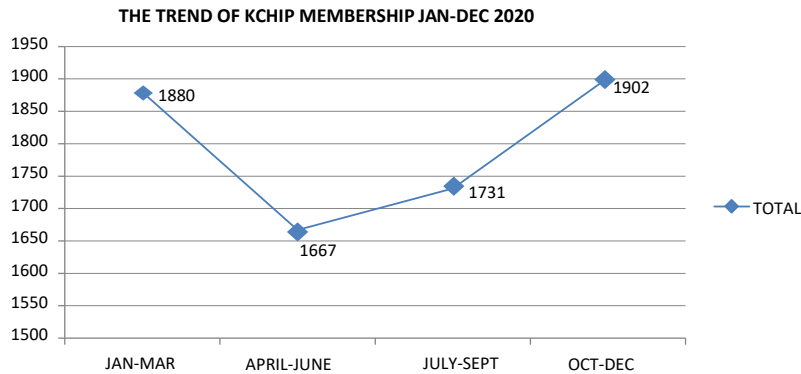


Girls participating in shoe making

KCHIP: A LIVING HOPE AMIDST THE COVID 19 PANDEMIC

Like all other sectors, KIDA Community Health Insurance Plan (KCHIP) was stuck as a result of Covid 19 outbreak. Membership dropped from 1880 in the preceding quarter to 1667. This was because people had stopped working since most businesses were closed, movements banned by closure of transport means, etc. This did not only cut off sources of income resulting in failure to raise money for premium payments but also could not tell whether tomorrow would find them alive.

However, people started realizing that the emergence of Corona virus had not swept off our known infections and other causes of morbidity. Secondly, while they live with the virus, most importantly, still have to save for health and prepare to access timely and affordable health care since life continues. This finally bore fruits as the number rose to 1902 in the quarter of October-December 2020. We hope to see more members enrolled as time goes by. The program has however, suffered deficits this year as the previous years. This prompted the group leaders to suggest increasing the premium from 5000 to 5500 per quota per member, and co-payment from 2000 to 5000 for outpatient services and from 5000 to 10,000 for inpatient services as one of the remedial strategies.



KCHIP Summary of The Financial Report January-December 2020

No.	Group	Premium Turned In	Co-Payment	Premium+Co-Payment	Treatment Cost	Surplus or Deficit
	Total	35,190,000	9,547,000	44,737,000	91,294,750	(46,557,750)

Furthermore, to get back the groups to their momentum after the COVID-19 setback, a Community Leaders Committee (CLC) meeting resolved to help these groups start up projects as income generating activities so that they can afford to pay their quarterly premiums. Members of each group were given a chance to come up with a project of their choice, for instance prepare the garden as their contribution and KCHIP buys the planting seeds or construct a shed for those interested in livestock and KCHIP stocks. So far four groups have been supported with two piglets each, other four are to be considered in 2021. All this serves to fulfil KIDA's vision of empowering people in the community by enabling them take care of their own lives.

Success stories



Mr. Bagambaki P from Nyegondize group confessed that he had suffered from Kidney complications and had treated from as far as Nsambya Hospital with lots of money until he became broke. However, when he joined KCHIP, KIDA Hospital treated him. He is so grateful to KCHIP



Beatrice the group leader Kibuga showing her Piggery shed



Rose, Charity and Beatrice Group leaders of Rwenkuba, Kinombe & Kibuga after receiving their piglets

PROCUREMENT AND STORES

KIDA's procurement and stores work was based on and in line with the organization's procurement and logistics policies. However, 2020 was a year of struggle, following the outbreak of COVID-19 pandemic which adversely affected our procurement plans. Our priority area of procurement was having stable stocks of health commodities, through proper quantification, ordering and reporting on all commodities. The Procurement and Stores 2020 Strategic Objective was to strengthen and maintain Procurement and inventory management and control measures for sustainable accountability.

Activities

A number of activities were implemented to ensure that our objective is achieved and these included but not limited to electronic logistics management (RASS and RX), purchased Essential drugs and supplies, ordered for ART and TB medicines, lobbied for and received donations in kind, capacity building in health commodity and supply chain management (e-learning) among others.

Achievements

1. Customer satisfaction as a result of stock stability and availability of a variety of drugs for proper prescription and dispensing.
2. Appropriate and adequate management of stock and funds.
3. Reduced HIV/AIDS infant high risk exposed babies due to stock availability as other factors remained constant.
4. Infection control measures tightened due to increased stock of infection prevention equipment.
5. Increased client's viral load suppression due to availability of antiretroviral drugs for transitioning.
6. Procured from credible suppliers, thus offering quality services to our clients.

Adversities

1. Due to the COVID-19 pandemic, our stock suffered constant diminishing below the minimum levels though not totally stock outs. Drugs that used to push us for two months no longer did due to price inflation of pharmaceuticals thus forcing us to keep placing mini-orders.
2. Procurement of other items were compromised and plans interfered with, since COVID- 19 left us with no choice but prioritization and fore-going plans only, which limited us from fulfilling other procurement planned activities.
3. Limited support and donations

Leadership and general working relationships

Procurement and stores success 'elied on the organization's strong leadership, systems and approaches. The procurement committee consisting of five members ensured that the procurement process was open and transparent amidst challenges of COVID-19. Continuous engagement of heads of departments in the requisitioning process, team work and timely communication yielded results.

Donations.

In the year 2020, fewer donations were registered from our implementing partners due to the effect of covid-19. This made the organization to hassle since it is a private not for profit, and relied upon God's mercy. Only Medical Access Uganda increased on the supply of ARVs and supplies for the year, as others donated in less quantities.



Eight computers and accessories for the point of care system were donated in November 2020 by Baylor Uganda

CONCLUSION

Even though COVID-19 Pandemic strained us and affected our annual operations, we managed to offer quality services to our clients by God's Grace! We thank whoever stood with us in our vision of empowering lives and donated what they could during the year 2020. We appeal to the entire public to join hands with us more than ever before as we contemplate expanding to the entire Ruwenzori Region.

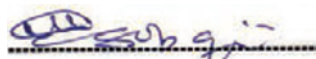
FINANCIAL POSITION

Kitojo Integrated Development Action (KIDA)

Audited Financial Statement as at 31 Dec 2020

	Notes	2020 Ushs	Dec-19 Ushs
ASSETS			
Non-Current Assets			
Property and Equipment		318,089,420	334,841,992
		318,089,420	334,841,992
Current Assets			
Receivables		3,186,000	-
Cash and Bank		53,335,413	52,819,477
Inventory		-	-
		56,521,413	52,819,477
TOTAL ASSETS		374,610,833	387,661,469
Capital & Reserves			
Accumulated Reserve Fund		(30,940,076)	(14,694,308)
Capital Fund		395,027,001	395,027,001
		364,086,925	380,332,693
NON-CURRENT LIABILITIES			
Borrowing		-	-
Current Liabilities			
Payables		10,523,908	7,328,776
		10,523,908	7,328,776
TOTAL CAPITAL & RESERVES		374,610,833	387,661,469

The financial statements were approved by Directors on ^{4/6/2021}.....by and signed on behalf by



Executive Director



Chairman

Kitojo Care SACCO

Statement of Financial Position as at 31 Dec 2020

	Notes	2020	Dec-19
		Ushs	Ushs
ASSETS			
Current Assets			
Cash and Bank Balances	7	163,027,813	72,286,488
Current Assets	8	427,693,885	635,044,056
Total Current Assets		590,721,698	707,330,544
Non Current Assets			
Property, Plant & Equipment	5	91,344,662	64,176,675
Investments	6	1,000,000	
Total Non-current assets		92,344,662	64,176,675
Total Assets		683,066,359	771,507,219
Liabilities and shareholders' Equity			
Equity	2.3	178,836,699	142,295,732
Liabilities			
Short Term	10	30,520,735	2,000,000
Long Term	11	473,708,925	627,211,487
Total Liabilities		504,229,660	629,211,487
Total Equity and Liabilities		683,066,359	771,507,219

The financial statements were approved on18th Mar 2021.....by



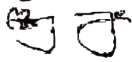
		
Manager	Treasurer	Chairman

PHOTO GALLERY



Staff receiving new equipment



Baskets made at Kasenda Outreach site



A staff utilising the sensor sanitising machine



ANC health education, mindful of social distance



Nurse's station at the paediatric ward



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Visit our facebook page on: Kitojo Integrated Development Action