



KIDA
KITOJO INTEGRATED DEVELOPMENT ACTION



ANNUAL REPORT 2022



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ABOUT KIDA



KITOJO INTEGRATED DEVELOPMENT ACTION (KIDA) is a grassroots organization that is empowering Ugandans to prevent the spread of HIV, reclaim their lives from the disease and live a better life. Reverend Ezra Musobozi, an ordained Anglican priest, and his wife Marjorie, both native Ugandans, founded KIDA in 1999 and currently spearhead the operations and programs with various contracted staff and several volunteers. KIDA is a registered nonprofit, certified in 2001 by the Republic of Uganda.



OUR VISION

Empowered people taking care of their own lives.



OUR MISSION

To improve the quality of life for Rwenzori region communities through provision of education, affordable health care and promotion of self-help initiatives.



OUR CORE VALUES

- ⇒ Love
- ⇒ Integrity
- ⇒ Transparency
- ⇒ Confidentiality
- ⇒ Commitment

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LIST OF ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral Therapy
BoD	Board of Directors
DED	Deputy Executive Director
ED	Executive Director
EID	Early Infant Diagnosis
FOR	Friends of Ruwenzori
FP	Family Planning
HIV	Human Immunodeficiency Virus
IPD	In Patient Department
JMS	Joint Medical Store
KCHIP	KIDA Community Health Insurance Plan
KIDA	Kitojo Integrated Development Action
M&E	Monitoring and Evaluation
MoH	Ministry of Health.
MSMC	Medical Safe Male Circumcision
OPD	Out Patient Department
OVC	Orphans and Vulnerable Children
PNC	Post Natal Care
PNFP	Private Not For Profit
RHU	Reproductive Health Uganda
SMT	Senior Management Team
TB	Tuberculosis
VL	Viral Load

KIDA GOVERNANCE

LIST OF KIDA BOARD OF DIRECTORS

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

BOARD COMMITTEES

The Finance, Planning and Administration Committee

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

The Health Services Committee

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

The Vocational Management committee

No	Name	Title
1	Mr. Mirembe Edfson	Chairperson
2	Mr Mbogo Rukidi Nebat	Member
3	Mrs Elizabeth Kasenene	Member
4	Mrs Deborah Katehangwa	Member
5	Mr Sam Byagweri	Member
6	Rev Canon Ezra Musobozi	Executive Director/Secretary

MESSAGE FROM CHAIRPERSON BOARD OF DIRECTORS



Kitojo Integrated Development Action (KIDA) has an interesting mission that seeks to make interventions in critical health, education and self-help challenges affecting individuals and communities in our catchment area. As you will find in this report, I am pleased that the organization is making a real difference despite the challenges.

In the year 2022, we are proud that our 5 years strategic plan was officially launched. I am hopeful that we started on strong strategic footing, drawing on the energy and the many accomplishments and lessons learned from even situations where we have failed. On this note, I wish to commend the KIDA team - staff and Board members- for standing firm amidst resource inadequacies and continued serving the communities. I hope that with this kind of resilience, KIDA is continually going to accomplish more and more in the years to come.

On behalf of KIDA, I sincerely wish to express our appreciation to all the partners, Board, and management who continually support this work. I am also grateful to the community members who make responsible use of KIDA services. Without them KIDA's existence would have no justification. I thank you all and please enjoy reading the report.



Muzinduki Patrick
Board Chairperson

MESSAGE FROM CHAIRPERSON BOARD OF TRUSTEES



Combined greetings from the Board of Trustees.

We are exceedingly grateful to our God who has upheld KIDA for the last 24 years.

We are warming up to celebrate our Silver Jubilee in the near future.

As usual we have registered our heartfelt appreciations to all our partners and well-wishers who have pushed us this far.

We cannot thank you enough the Friends of Ruwenzori who have been there for us in plenty of scarcity.

We cannot skip thanking the Government for licensing us to operate, politicians and who visited the facility.

We are also grateful to Banks, our SACCO and well-wishers who have given us loans in times of need.

We commend the work of the main Board, other Boards, ED and his Deputy, Head of Departments and entire staff without you, we wouldn't be champions.

We pray for good working relationship and not forgetting our core values.

The SACCO structure and Vocation Centre have opened another chapter of marketing KIDA more are coming.

Finally, we do not know what 2023 will bring but let us trust God fulfills.

We love you all



Rev Kandole Solomon

Chairperson Board Of Trustees

MESSAGE FROM EXECUTIVE DIRECTOR



With gratitude and on behalf of the Senior Management Team and all the staff of Kitojo Integrated Development Action (KIDA). I salute all our esteemed partners and civil society colleagues who made it possible for us to serve our rural and underprivileged communities in the year 2022. Remarkable thanks to the Friends of Rwenzori (FoR) and others like Kranich AIDS Africa for continued generosity to KIDA community. They have walked this journey with us for nearly two decades now and have never drained from our ever-evolving mission. It's such an honor to be trusted this much. More strategic partners have since come on board and are significantly contributing to the accomplishment of our mission. Permit me make a few highlights of how we summed up 2022.

The year 2022 was flagged by accreditation and membership as a Uganda Protestant Medical Bureau (UPMB) member facility. This inclusion opens many opportunities for our health care programs. Other milestones included the launch of the KIDA five years strategic plan in Kampala which brought many of our key and prospective partners together to find areas of linkage, the stakeholder conference which enabled us to expound our strategic result areas like uptake of the community insurance in the community, community outreaches, vocational skilling, Orphan and Vulnerable children as well as the self-help initiatives.

In the year 2022 Healthcare our program reached 50,656 people with direct services, of which 61% were women. We also reached to 25,328 people through our online engagements. There are so many stories to tell behind the numbers, and we bring some of the stories in this report. Our strategic direction to expand our programs to the whole of Rwenzori Region in the years to come require additional gears to bring on board other districts like Kasese, Bundibugyo, Ntoroko Kyenjojo, Kamwenge, Kitagwenda, Kyegegwa and Fort Portal City. KIDA also became a trusted development partner with government of Uganda by securing accreditation by the Ministry of Health to give reproductive family planning commodities.

Amidst all the successes, however, we encountered some difficulties. But God enabled us. Once again, we are indebted to our Board of Trustees, Board of Directors, Committees, Development partners, the Local Governments, our colleagues in Civil Society, the media, researchers and academia, private sector partners, farmers, and citizens for having been part of this noble mission. I invite you to read more about our performance penned in this report.



Rev. Can. Musobozi Ezra Monday
Executive Director





CHAPTER ONE

PROGRAM AREAS

1.1 KIDA HOSPITAL 2022

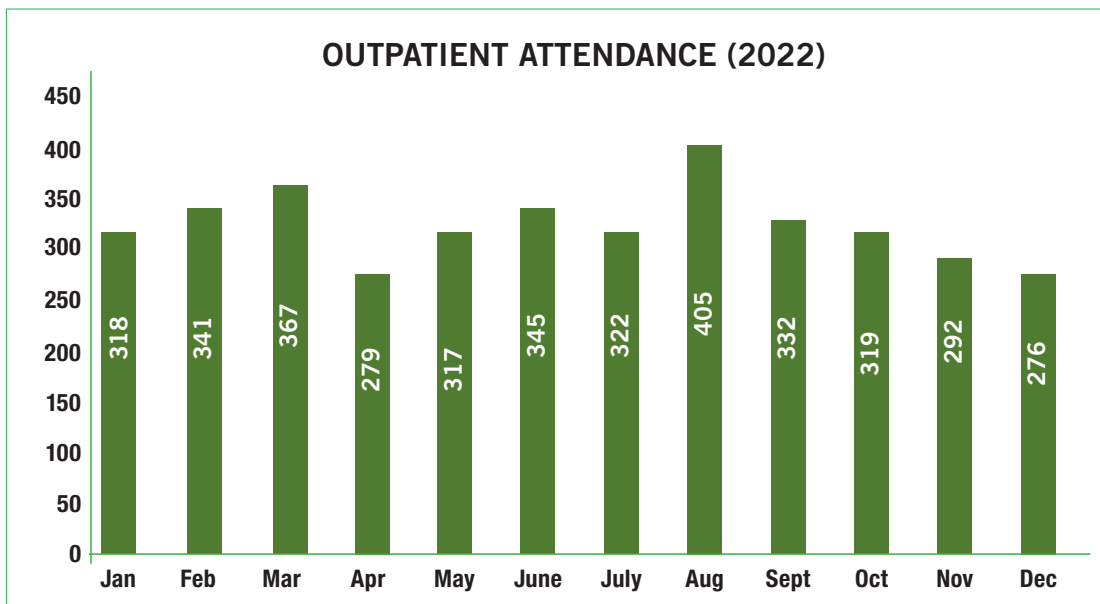
KIDA Hospital is a Private Not For Profit health services provider located 23KM from Fort Portal Tourism City along Rwaihamba-Mituli Road. The facility serves about 60,000 people in her catchment areas of Ruteete Sub County and Kasenda Sub County of Kabarole District and Kiyombya Sub County of Bunyangabu District.

1.1.1 Outpatient Utilization

In the year 2022, we served 3913 as Out-patients achieving 65.2% of the target. The peak was realized in August a month where the number of Malaria cases drastically increased. The high rate of Malaria prevalence in March and August is primarily attributed to heavy rainfall totals received in the two rainfall seasons. However it's important to note that the lapse in mosquito net supply to communities has lagged behind the fight against Malaria.



Record keeping is very key in offering quality health care services.



Due to high tendencies of self-medication and seeking treatment from drug shops, over 50% of malaria cases were also anemic with 60% severe anemia among children and 40% mild anemia among adults. Relying on herbalists/traditional healers due to superstitious way of life by some families in the community accounts for increasing cases of anemia among children. Children are cut to remove “ebyomunda”- bled on the stomach, cut to remove false teeth whenever they show signs and symptoms of malaria and children are brought to the facility when already anemic and with severe Malaria.

Age Category	0-28days		29days-4yrs		5-9yrs		10-19yrs		>=20yrs			
Sex	M	F	M	F	M	F	M	F	M	F	Total	Target
Total	2	0	357	334	141	163	204	250	868	1594	3913	6000

1.1.2 Admissions/In-Patient Care

In a Hospital whose bed capacity is 44, 2907 Patients, 37.2% of whom being children were served as inpatients (admitted) as shown in the table below. The average bed occupancy was 37.4% in the year 2022. The peak of admissions were registered in August where we surpassed the monthly target by one, this was due to raising Malaria cases in the community.

Month	Pediatrics	Male	Female	Maternity	Total	Target	Variance
Jan	73	35	56	62	226	360	134
Feb	86	32	44	50	212	360	148
Mar	101	47	52	49	249	360	111
Apr	71	42	45	41	199	360	161
May	71	18	47	48	184	360	176
Jun	108	39	54	48	249	360	111
July	70	45	47	58	220	360	140
Aug	152	68	77	64	361	360	-1
Sep	97	49	82	50	278	360	82
Oct	91	40	62	65	258	360	102
Nov	83	43	68	56	250	360	110
Dec	79	36	53	53	221	360	139
Total	1082	494	687	644	2907	4320	1413



Doctor Kiiza Brian (left) with Katusiime Joy updating client records after a ward round.

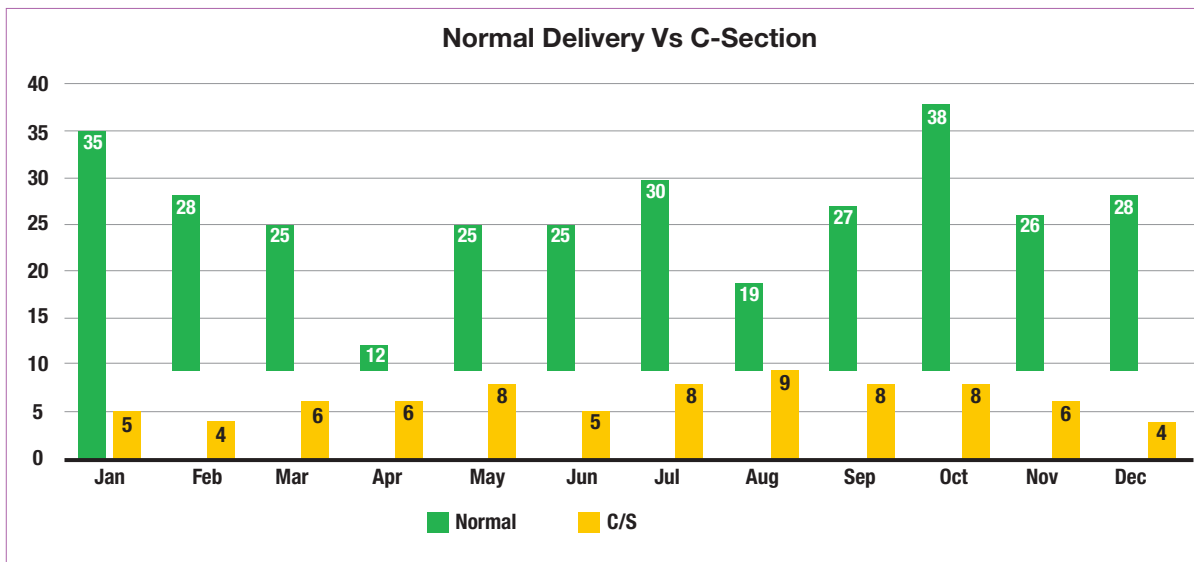
1.1.3 Deliveries

A total of 395 safe deliveries were conducted and obstetric care given. This gave an achievement of 65.8% of the annual targets. 19.5% of the total deliveries went through Caesarian section. 28 mothers living with HIV were delivered safely and babies started on preventive therapy. One 16 year old girl was delivered safely by emergency caesarian section despite having numerous risk factors such as narrow pelvic bones, asthmatic (prone to asthmatic attacks during the operation due to stress, labor pains) lack maternal knowledge because it was her first pregnancy.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Normal	35	28	25	12	25	25	30	19	27	38	26	28	318
C/S	5	4	6	6	8	5	8	9	8	8	6	4	77
Total	40	32	31	18	33	30	38	28	35	46	32	32	395
NND	1	0	0	0	1	0	1	0	0	0	0	0	3
Fresh still Birth	0	0	0	0	0	0	0	0	0	0	0	0	0
Macerated Still Birth	1	1	0	0	0	1	0	2	0	1	0	0	6
Deliveries to HIV+ Mothers	6	2	2	1	2	3	3	1	3	1	1	3	28
Babies <2.5kgs)	1	3	6	1	2	3	3	2	3	8	2	5	39
Abortions	6	5	2	1	1	2	0	1	0	2	4	2	26
Malaria in Pregnancy	7	6	4	13	9	11	12	16	11	8	15	16	128

1.1.4 Cohort Deliveries

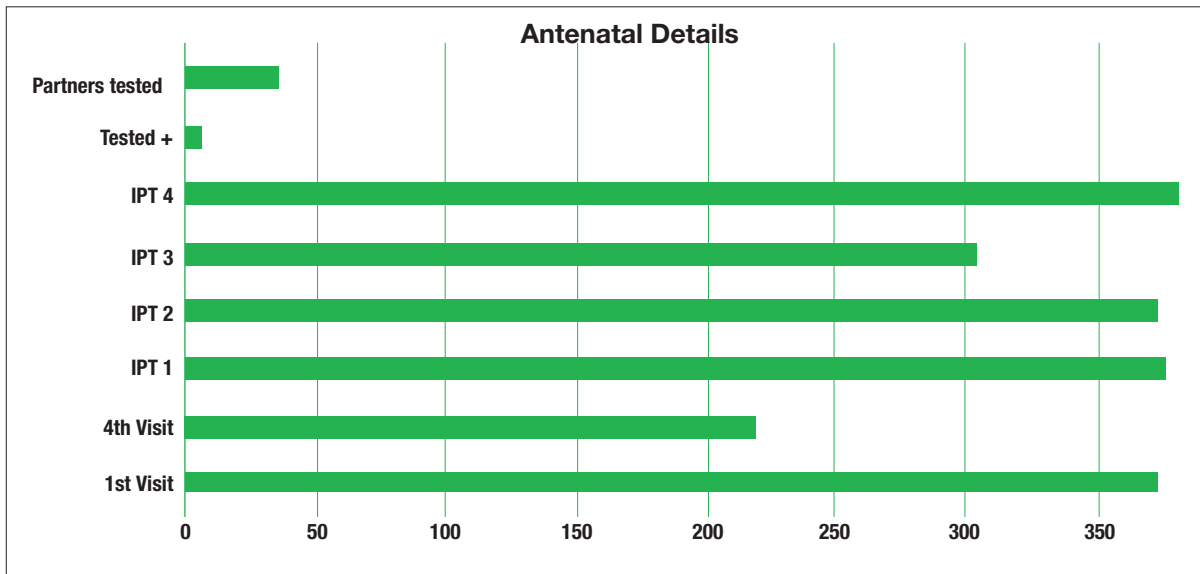
Age groups	<15 Yrs	16-19 Yrs	20-24 Yrs	25-49 Yrs	50+ Yrs	Total
Number	1	85	130	178	0	395
%	0.25	22	32.9	45	0	100



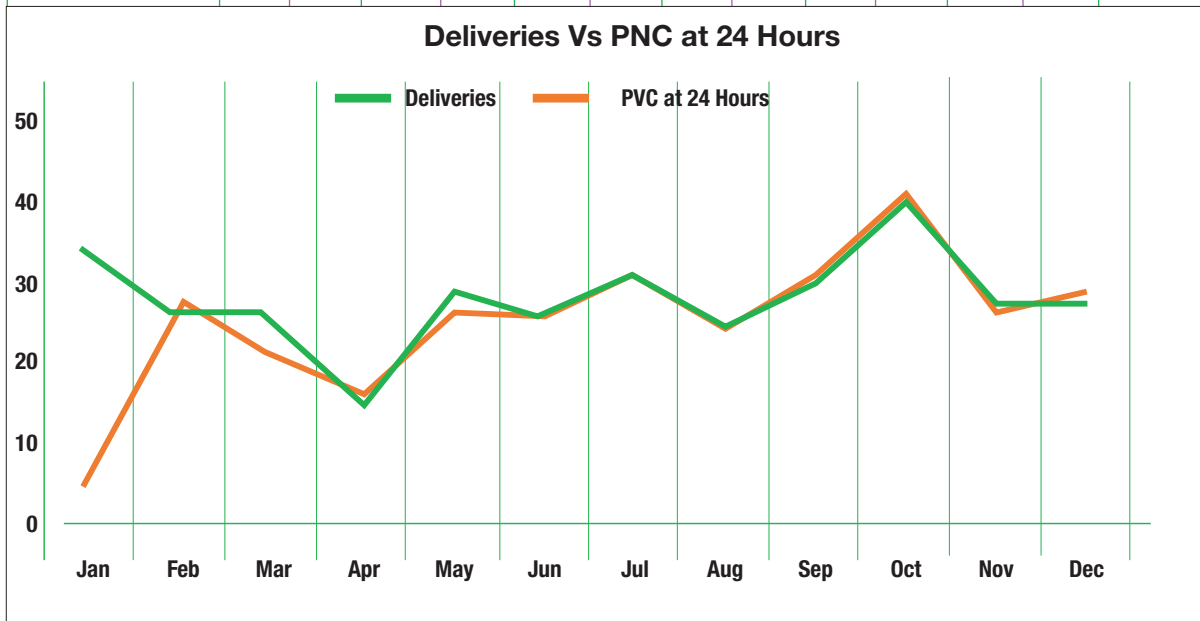
1.1.5 Antenatal & Postnatal Care

In the Antenatal clinic 1494 Mothers were served, 374 being first time encounters and 219 for the 4th Visit. 4 Mothers tested HIV Positive in ANC Clinic and were all initiated on ART. 34 Male partners came along for the first time visits and were also tested for HIV and none turned positive. A total of 721 mothers received postnatal services at 24 hours, 6days, 6 weeks and 6 months. A close

monitoring of deliveries was noted for 24 hours postnatal care. 30% of the 374 first encounters for ANC were mothers who visited the facility after the 1st trimester of pregnancy which shows a gap in planning and caring for pregnancy among couples.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PNC AT 24HRS	7	32	26	19	31	30	37	29	37	47	32	33	360
PNC AT 6 DAYS	0	0	10	1	1	4	5	0	5	7	0	0	33
PNC AT 6WKS	5	0	17	24	6	18	30	26	24	18	5	22	195
PNC AT 6MONTHS	1	0	15	32	6	17	15	9	15	15	2	6	133

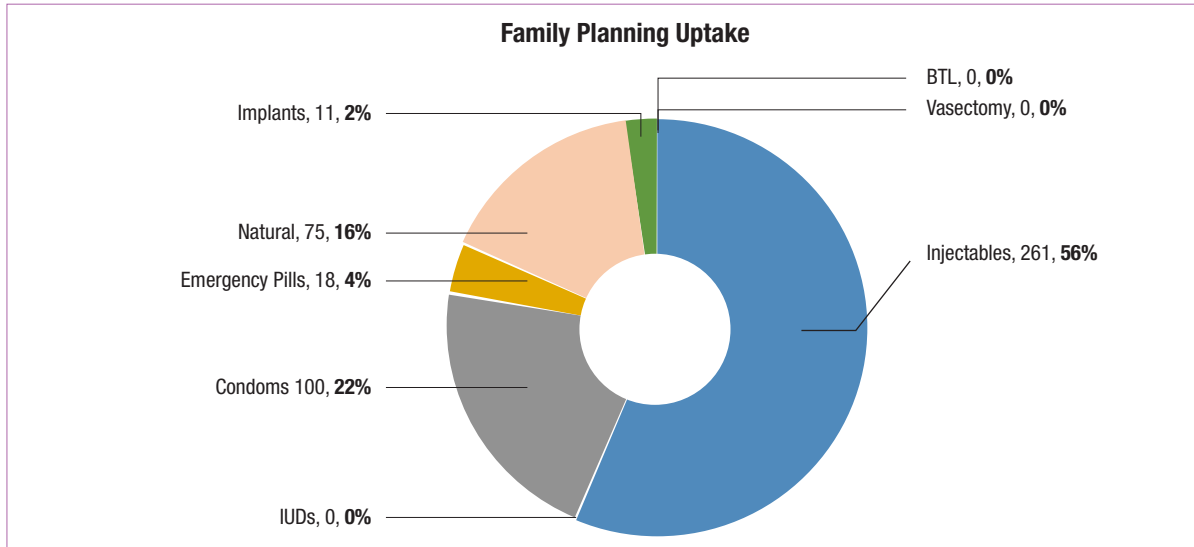


1.1.6 Family Planning Services

We began 2022 without Reproductive Health products supplies. Supplies began trickling in on 12th September when JMS delivered the 1st Batch of Reproductive Health supplies.

Appreciations to Ministry of Health and JMS for heeding to our appeal.

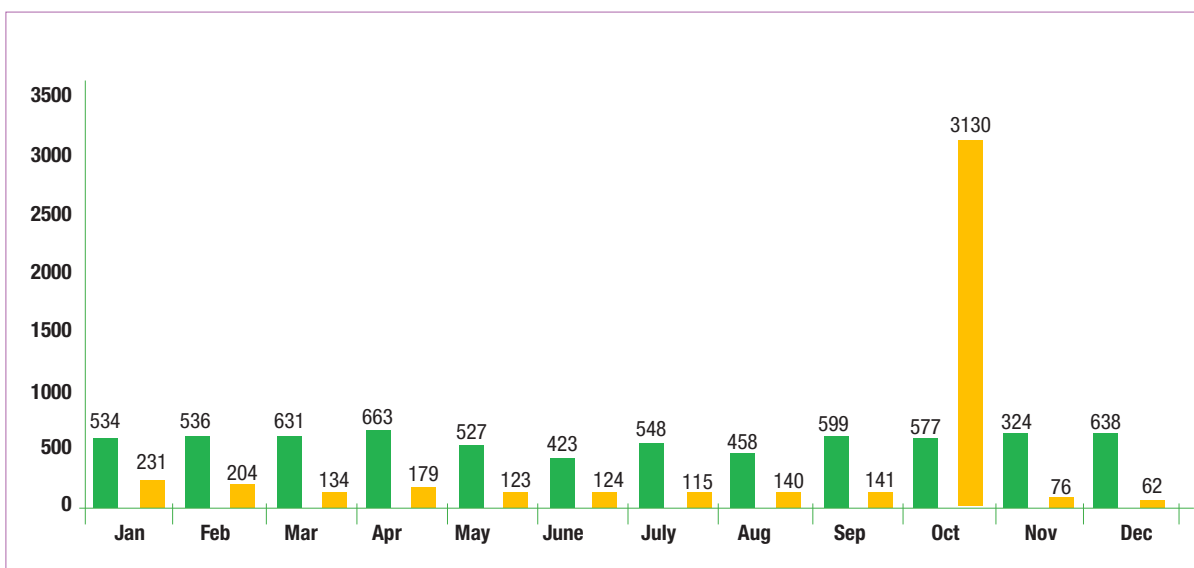
Between September 2022 and December 2022, a total of 501 Clients received Family planning services. Different family planning products were available to choose from. The most preferred method was Injectable consumed at 56%, followed by Condoms 22%, Natural 16%, Emergency 4% and Implants. Methods of BTL, IUDs and Vasectomy were not utilized at all throughout the year.

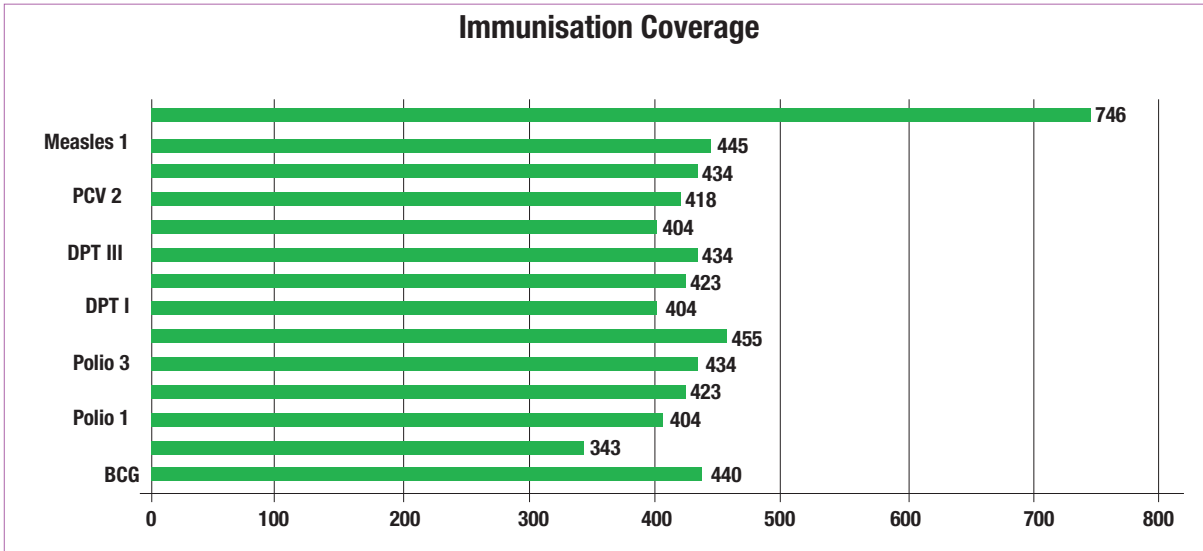


1.1.7 Immunization

Immunization was conducted every Friday at the Facility and a total of 22 Outreaches were done in communities.

A total of 11417 Children were immunized (6758 Static and 4659 from outreaches). The highest outreach output registered in October was due to the mass deworming exercise conducted in schools. Integrated immunization and deworming services were conducted jointly to give boost to Maternal Child Health and Child Days Plus programs.





Nurses offering immunization services at the health facility.

1.1.8 Immunisation Out Reaches Enhanced

With much pleasure we appreciate our development partners for the generous support to us. Your support enabled us acquire a new Hiance Van for transporting Nurses during out reached as well as serving as a standby emergency van for patients that require urgent medical services at the hospital and those who need quick transfer to regional referral hospital.

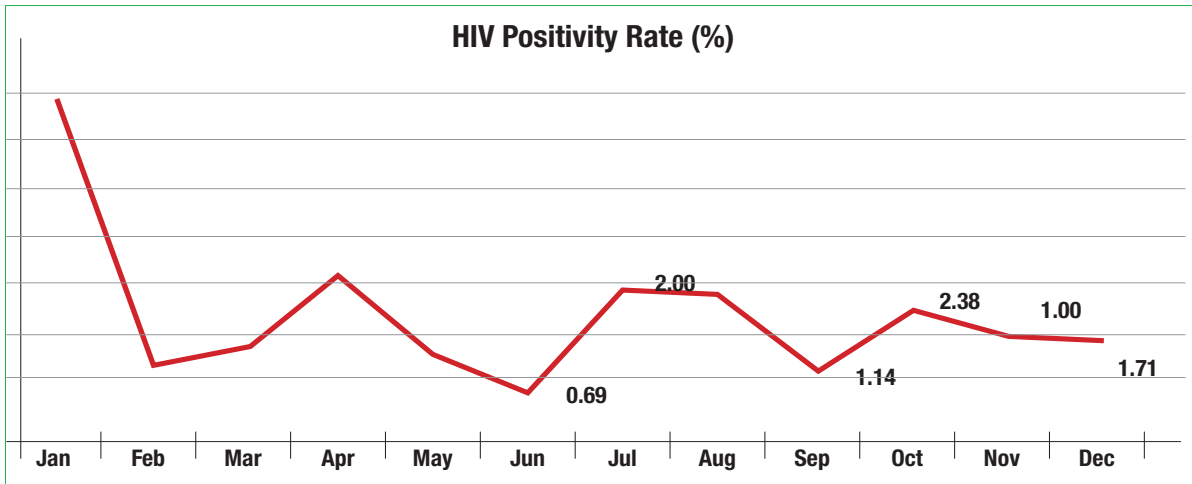
1.1.9 HIV Testing Services

A total of 1428 people were tested for HIV, 30 of these tested Positive and all were linked to care. By the close of 2022, the ART Clinic was taking care of 520 active clients with a 95% viral load suppression and 100% twelve months cohort retention. In the EID clinic 60 babies were discharged HIV negative, 4 transferred out and one turned positive.



	JAN		FEB		MAR		APR		MAY		JUNE
	M	F	M	F	M	F	M	F	M	F	M
< 1yr	0	0	0	0	2	0	0	0	0	0	0
1-4yrs	0	1	1	1	3	3	3	2	3	3	0
5-9yrs	0	0	0	0	0	0	1	0	2	3	0
10-14yrs	0	0	0	1	0	0	0	0	0	2	0
15-19yrs	0	10	0	8	0	16	1	8	1	13	0
20-24yrs	0	18	1	28	0	36	5	26	2	30	3
25-29yrs	1	16	4	11	3	34	3	29	4	25	5
30-34yrs	1	9	3	13	0	9	2	3	2	13	2
35-39yrs	3	7	0	6	0	13	0	9	3	5	4
40-44yrs	1	1	4	0	1	2	0	2	0	1	0
45-49yrs	3	0	1	1	0	0	1	1	2	5	1
50+yrs	1	1	2	0	1	0	0	0	7	3	0
Total Tested	10	63	16	69	10	113	16	80	26	103	15
Total Positive	2	3	1	0	1	1	1	2	0	2	1
Linked to care	2	3	1	0	1	1	1	2	0	2	1

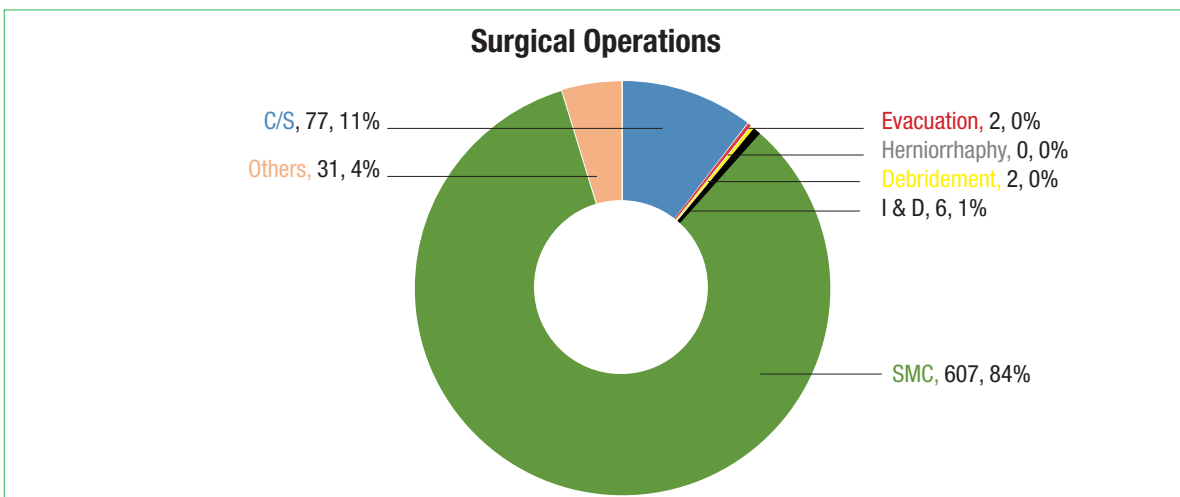
	JULY		AUG		SEPT		OCT		NOV		DEC			
	F	M	F	M	F	M	F	M	F	M	F	M	F	
	2	0	0	0	0	0	0	0	0	0	0	1	0	5
	0	1	1	0	4	1	0	2	3	3	3	1	5	44
	0	0	0	2	1	1	0	0	1	0	0	3	4	18
	0	0	1	0	1	0	0	1	0	1	2	5	2	16
	17	1	27	1	22	1	8	1	14	0	11	0	12	172
	35	2	29	2	36	2	18	2	30	4	19	0	22	350
	42	1	22	3	31	3	6	6	21	5	22	5	21	323
	22	0	12	3	14	1	10	5	14	3	9	2	8	160
	3	1	7	5	10	3	4	1	4	3	7	1	7	106
	3	0	1	5	3	1	5	1	3	3	3	1	1	42
	6	0	0	0	0	1	0	0	0	1	1	0	4	28
	0	0	1	3	1	43	67	11	6	4	1	5	7	164
	130	6	101	24	123	57	118	30	96	27	78	24	93	1428
	0	0	3	1	3	0	2	0	3	1	1	0	2	30
	0	0	3	1	3	0	2	0	3	1	1	0	2	30



1.1.10 Surgical Operations

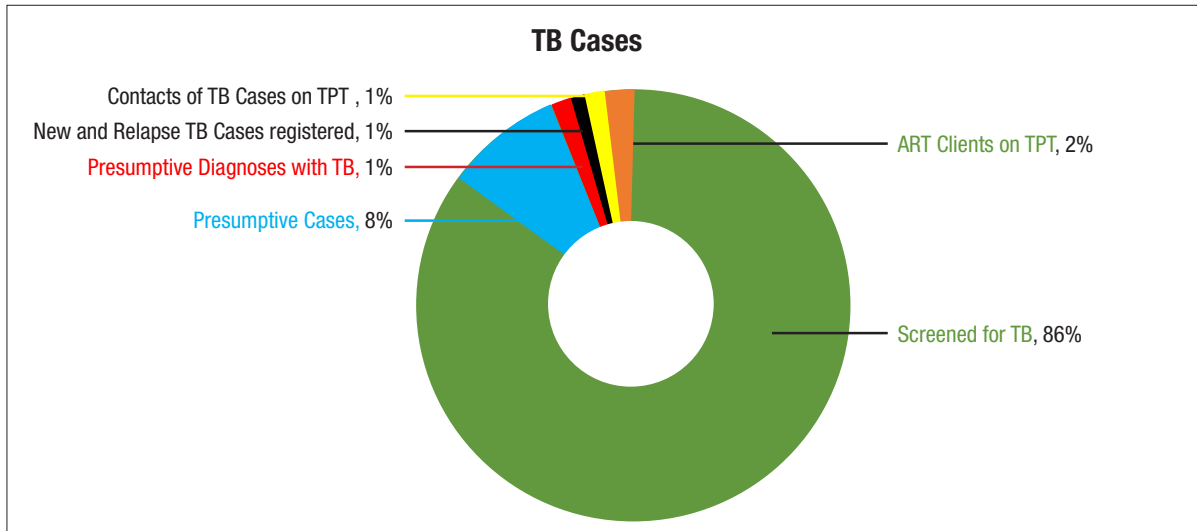
The theatre served clients for both major and minor operations. A total of 725 operations were done, Safe Male Circumcision (SMC) accounts for 84% of total operations. This was as a result of 3 Safe Male Medical Circumcision camps supported by Baylor-Uganda. Caesarian section deliveries account for 11% of total operations where as 5% were other operations conducted at the facility.

	C/S	Evacuation	Herniorrhaphy	Debridement	I & D	SMC	Others	Total
Jan	5	0	0	0	0	0	3	8
Feb	4	0	0	0	1	0	5	10
Mar	6	0	0	0	1	209	6	222
Apr	6	1	0	1	2	1	0	11
May	8	0	0	1	0	125	1	135
Jun	5	0	0	0	1	271	3	280
Jul	8	0	0	0	1	0	4	13
Aug	9	0	0	0	0	1	3	13
Sep	8	0	0	0	0	0	4	12
Oct	8	0	0	0	0	0	1	9
Nov	6	1	0	0	0	0	1	8
Dec	4	0	0	0	0	0	0	4
Total	77	2	0	2	6	607	31	725



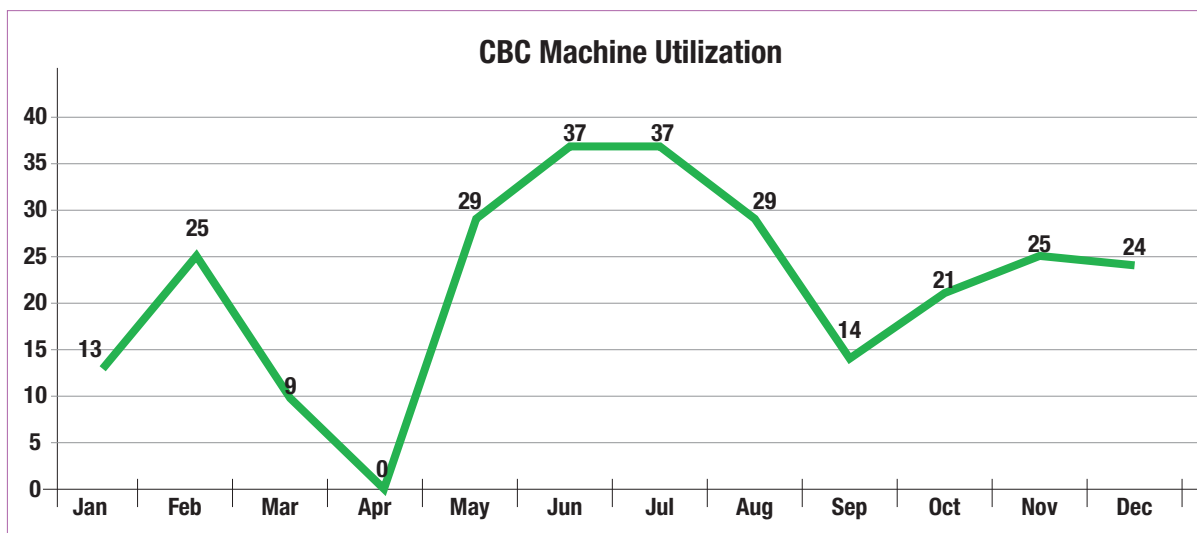
1.1.11 TB Clinic

In 2022, out of 3404 clients screened for TB 332 were presumed and 47 were confirmed to be TB positive and were initiated on treatment. The highest was in August where we registered 13 TB cases and this was due to community case finding exercise supported by Baylor-Uganda. The exercise increased community TB awareness, need for screening and increased community hospital linkage.



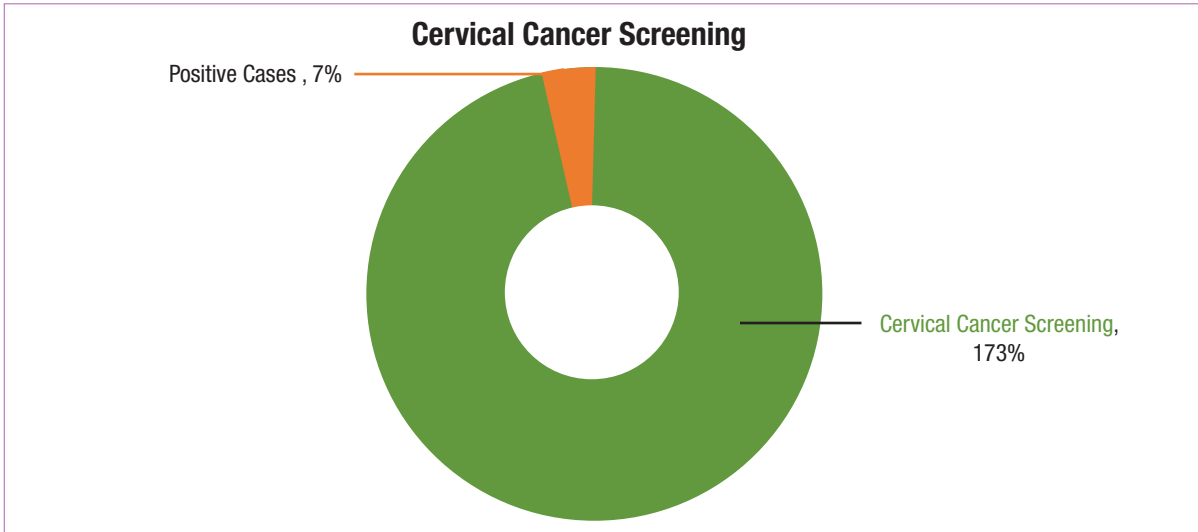
1.1.12 Complete Blood Count (CBC) Machine

With a functional theatre, bacterial infections, accidents, blood transfusion and increasing cases of severe malaria that contributes to occurrence of anemia cases, use of the CBC machine has become one of the vital services at KIDA Hospital. A total of 263 clients were served at KIDA Hospital in 2022. However the service met huddles of increased prices of reagents during fuel and commodity prices hike.

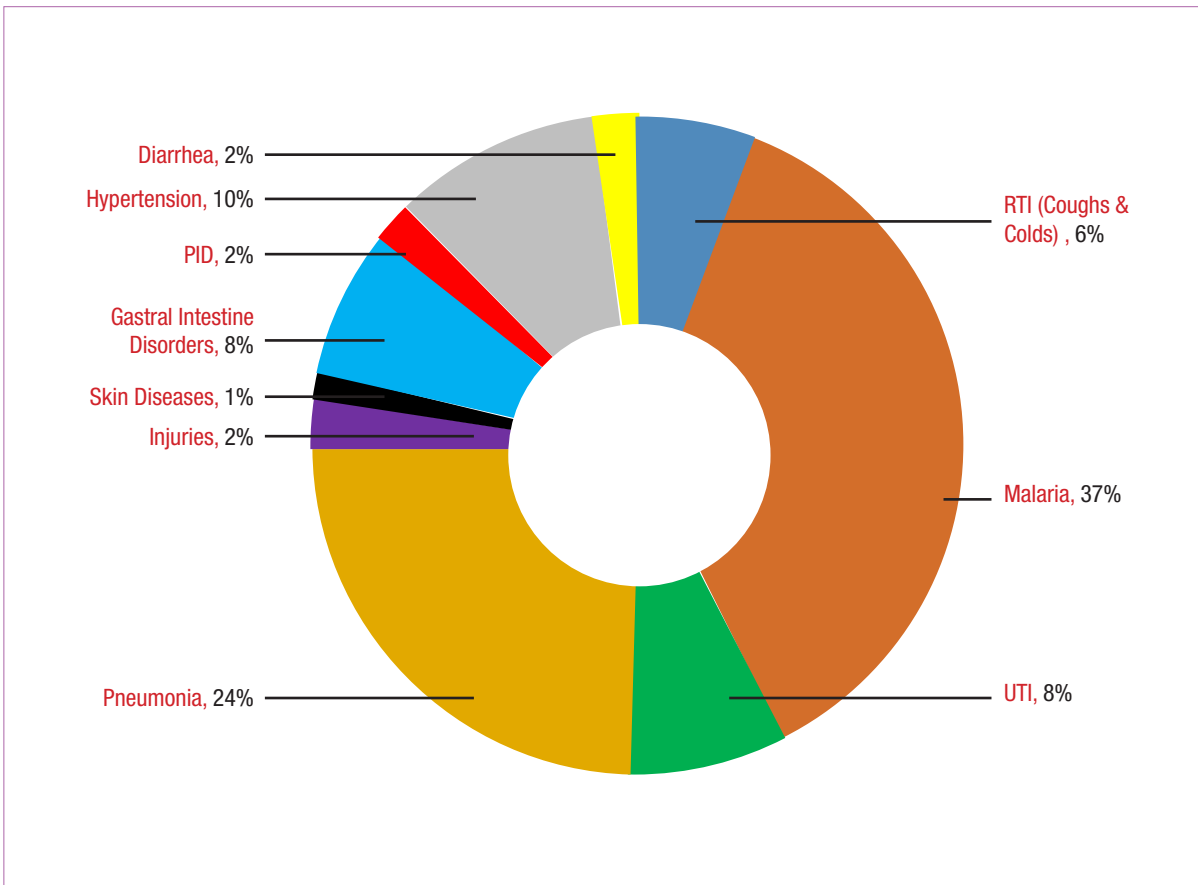


As guided by MoH, women above 25 years of age and women living with HIV are encouraged to go for regular cervical cancer screening. KIDA Hospital has continued to offer the service to the grassroots communities. Out of the 173 women who were screened in 2022, only 05 women were positive of cervical cancer.

With support from Baylor Uganda, one woman whose cancer was detected in early stages, and put on medication ably recovered from cervical cancer.



Top Causes of Morbidity



1.2 KIDA COMMUNITY HEALTH INSURANCE PLAN (KCHIP)

KCHIP has been in existence since October 2013 to address critical issues of catastrophic out of pocket expenditures at the time of discharge. The scheme is meant to enable families form groups and jointly save money from which pool hospital bills are paid at the time of discharge when any of the group members falls sick.

Currently KCHIP has 920 active members. KCHIP leadership moved from being hospital based to community based leadership and a committee known as Community Leaders Committee (CLC) was voted to office in December 2021. The team begun work in January 2023 comprised of;

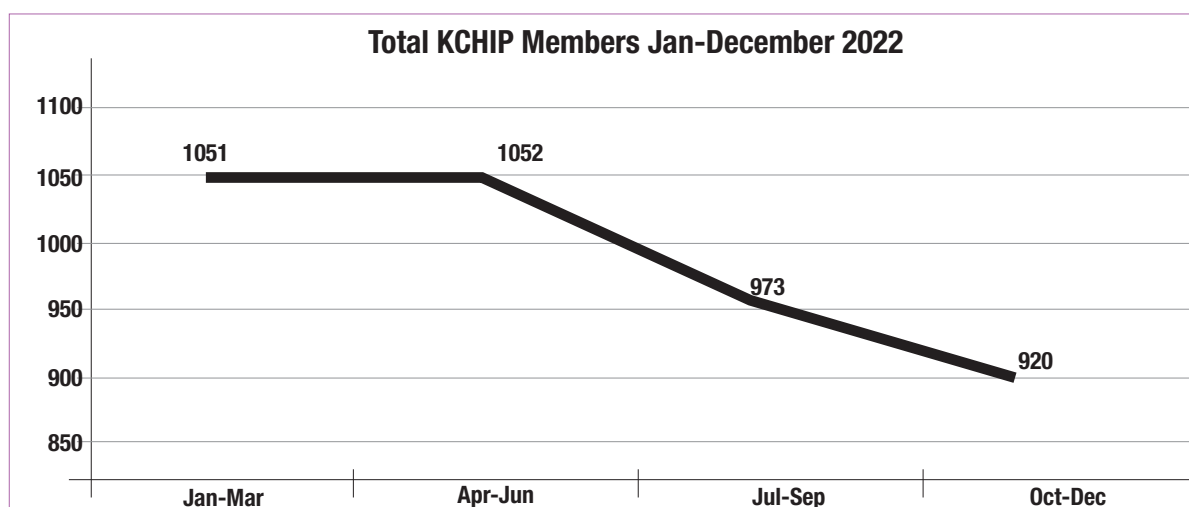
Sn	Name	Designation
1	Mrs. Charity Turyagyenda	Chairperson
2	Mr. Asiimwe John	Coordinator
3	Mr. Atuhaire David	Community Volunteer
4	Mrs. Elizabeth Kabaloodi	Community Volunteer
5	Mrs. Marjorie Musobozi	Member
6	Mr. Aliguma David	Member

The decision to move KCHIP leadership from being Hospital based to community based was adopted at a time when deficits had become chronic as many individuals and groups would default on paying premiums.

KIDA would offer subsidized treatment services and incur all administrative costs. In order to cover the financial gap brought by the changes as KCHIP moved to being community managed, group leaders in a meeting at the close of December 2021 agreed to raise the Premiums for individual clients from 5500/- to 6000/- and Co-payment from 5000/- to 10,000/- for OPD and from 10,000/- to 30,000/- for IPD. This took effect in January 2022.

As we end 2022, Community Leaders Committee reported that some groups have started registering surpluses and the scheme has seen a reduction in deficits from Ugx. 37,235,050 at the end of 2021 to Ugx. 615,150 at the end of 2022.

However the changes that set in the improved financial performance scared off 131 subscribers of the scheme over time.



KIDA as an organization and mother to KCHIP continues to support the scheme through capacity building, mobilization drives and soliciting for funds to support daily activities through engaging with various potential development partners and appealing to government to popularize health insurance schemes by signing off the Health Insurance policy as a policy framework to legalize and empower existing Health Insurance players.



Mr. Atuhaire David (R) a Community volunteer recruiting new members to KCHIP.

KIDA drama group communicates to masses through performing skits, plays, music and dance most especially during community visits and enrolment drives.

The group creatively packages positive health talk messages to sensitize masses about the importance of prevention against diseases, seeking professional health care and saving for unfortunate times of sickness.

During these Drama community outreaches, the team appeals to communities to test for major causes of morbidity, avoid sedentary life styles, avoid and prevent all forms of violence and torture both at family and at community levels.

Despite the meager resources, KIDA drama group managed to participate in at least one community mobilization and sensitization campaigns per quarter.



Drama group performing one of their plays against domestic violence in Rwankenzi Trading Centre.

Health Insurance is still a new phenomenon in Uganda, most especially in communities where we operate. Sensitization by word of mouth has not yielded the expected results over time. In a bid to actualize the idea in families and communities and as well as enable groups pay their premiums on time, income generating activities were started. At the onset, families that are able to engage in animal rearing were given piglets. Eight groups were given piglets to kick start the projects and upon weaning off piglets, other group members receive piglets and the cycle continues.



A project yielding results.

During mobilization drives, KCHIP leadership attracted teachers of Sadhguru School which is one of the best performers. The group has ended 2022 with a surplus account.



Asiimwe John(R) addressing members of Sadhguru Health Insurance group

1.3 OPHARNS AND VOLUNERABLE CHILDREN (OVC)

With support from our development partners, we managed to enable 109 school going children get access to education in various schools and institutions.

KIDA was in charge of paying school fees, scholastic materials, psychosocial support and offering medical care.

Out of the 109 school going children 04 are HIV positive, 05 are total orphans 01 is a neglected children and 01 is physically impaired.

KIDA administers an eligibility criteria checklist in order to assess the degree of vulnerability. The eligibility criteria is a min census report about the child and family in general however HIV positive children, children of HIV positive parents, orphans and neglected children are given high priority into the program.

OVC per level of education.

SN	Section	Male	Female	Total
	Primary	29	27	56
	Secondary	15	28	43
	Institutions	5	2	7
	University	1	2	3
Total	50	59	109	

Most of the girls in secondary are taken to boarding schools to reduce the risks that come with walking long distances to schools amidst many temptation that would lead to teenage pregnancies.

We had strategically planned to grow the number of children under OVC program by 10%, however due to financial constraints we were only able to retain 109.



Mrs Marjorie Musobozi-OVC Coordinator (L) issuing scholastic materials to children at KIDA.

1.3.1 School Visits

KIDA goes an extra mile to follow up children in their respective schools with an aim of understating the academic performance, discipline, welfare of OVC beneficiaries and offering psychosocial support while at school.

A total of 21 M&E school-visits were conducted in September 2022 by the Programs Director/M&E Officer. The exercise covered 85% of OVC beneficiary schools. In all the schools visited, OVC beneficiaries were applauded for being disciplined and schools' administration promised to support them to improve on their academic performance.



Programs Director/M&E officer(R) with OVC sponsored students at Christ Aid S.S



Muhenda Deo-Programs Director (R) with pupils of Uphill P/S in one of the school visits.

Achievements

- All children were provided with scholastic materials despite the high commodity prices.
- All school dues were paid and learners kept in school.
- A total of 26 candidates completed their level examinations in 2022.
- Some OVC beneficiaries completed their studies are set for the labor market.

1.3.2 2022 OVC Graduates



Kansiime Juliet (C) qualified with a Certificate in Midwifery in photo with her mother (L) and OVC Coordinator (R). Juliet has been under OVC program since she was in Primary Seven at the verge of dropping out of school.



Ninsiima Alex kneeling before the Bishop of Ruwenzori Diocese Rt Rev Reuben Kisembo. Alex was commissioned to serve the Lord as a Lay Reader. Alex has been supported under OVC program to this achievement since Senior Two. Other graduates are Best David and Mukuru Josph with Certificates in Medical Laboratory.

1.4 VOCATIONAL SKILLS TRAINING AND SELF HELP INITIATIVES

1.4.1 Performance

In preparation for quality teaching and learning, instructors use Uganda Business and Technical Examinations Board (UBTEB) syllabi that they are following while delivering content.

The Vocational Skills training program currently has four skillsets offered with a total of 26 students by the end of 2022 as shown below;

Hairdressing	05 students
Bricklaying and concrete practice	13 students
Tailoring	06 students
Carpentry	02 students
Total	26 students.

In the year 2022, an additional piece of land was bought to expand Vocational institute land. Plans are still in place to introduce new courses and shift the institute from Hospital premises to her land as soon funds for construction are realised.



A student of Tailoring doing practice in the Tailoring workshop.

We plan to have a three year cohort graduation in 2023 for all students that completed their studies.



Students of brick laying and concrete practice during a practical lesson.

Learners are taken to the field at least twice a month in a work environment according to the course they are doing to help them gain work readiness training and some of the learners have gained skills and experience which can enable them start their own businesses if provided with start-up kits.



1.4.2 Skilling Project

In a bid to achieve KIDA mission, youth and general community members are skilled in bakery to enable them start self-help initiatives at individual or family level in order to improve their household income for improved standards of living. By close of December, a total of 5 groups were skilled in bakery using locally available material.



Trainee mixing ingredients for making cakes (Left). Trainee puts sand in a saucepan (Right). Sand is heat up, metallic dishes with cake mixture put on top and covered to form a local oven.



Skilling outreaches are integrated with health education on Water Sanitation and Health (WASH) and prevention against major causes of morbidity like malaria.

Trainees are demonstrated to on how to use treated mosquito nets and taught other ways of preventing their families from malaria.

Left-Mosquito net use being demonstrated.

1.4.3 Skilling In Schools

The Ministry of education and Sports rolled out a new lower secondary school curriculum that emphasizes equipping learners with hands-on skills for job creation and self-employment.

To enable OVC supported learners adopt quickly to the change, KIDA OVC program started skilling the beneficiaries with bakery skills too.



Health Education at St James P/S



Products of bakery training at St. James P/S.

1.5 KITOJO CARE SACCO

1.5.1 Brief Background of Kitojo Care SACCO

Kitojo Care Sacco started in 2007 as a KIDA initiative with only 58 members that were living with HIV/AIDS. However, later they interested their caretaker and other people to join, thus opening it for everyone and currently it serves over 3300 members with Over 400 members benefiting from the loan products among others include agriculture, boda boda, business school fees and other members are actively saving. It has extended its services by opening a field office in Rwankenzi Kasenda town council. And it serves people of almost the greater Kabarole district. The Registration number is 10878/ KCS.

List of Kitojo Care SACCO Board Members

S/No	Name	Designation
01	Mrs Grace Kyomya	Chairperson
02	Mr Asiimwe John	Secretary
03	Mrs Kusemerewa Phedress	Treasurer
04	Mr Byamukama Alex	V/Chairperson
05	Mr Tushabe Junior	Member
06	Mr Turyahebwa Godfrey	Member
07	Mr Isingoma Innocent	Member
08	Mrs Marjorie Musobozi	Member
09	Mrs Nyangoma Winfred	Member

List of Kitojo Care SACCO Supervisory Board

S/No	Name	Designation
01	Rev Ezra Musobozi	Chairperson
02	Ms Kabahweza Olive	Secretary
03	Ms Abisemeza Ketura	Member

Below are the Names and Responsibilities of Staff and Management

S/No	Name	Designation
01	Mr. Kusemererwa Fortunate	Manager
02	Ms. Kalungi Barbra	Accountant
03	Mr. Kasami Job	Loans officer
04	Mr. Aharimpisya Robert	Loans officer
05	Mr. Saturday Clovice	Loans officer
06	Ms. Kasembo Anna	Cashier
07	Ms. Kabagaya Molly	Cashier
08	Ms. Ahurra Martha	Cashier
09	Mr. Niwagaba Merekizedeki	Marketing officer
10	Mr. Mastiko Joseph	Security
11	Mr. Byauhanga Paskali	Security

1.5.2 Financial Performance

The performance showed below is extracted from the Sacco's audited books by Matungo and partners certified accountants for the year ended 31st.Dec. 2022.

Item	2022	2021	Increase/Decrease
Membership	3352	2994	358
Loans Disbursed during the year.	1,174,000,000/=	873,850,000/=	300,150,000
Share Capital	139,642,475/=	115,924,475/=	23,718,000
Savings	593,938,245/=	557,078,096/=	36,860,149
Loan Portfolio	783,293,534/=	632,629,917/=	150,663,617
Number of loan Clients	398	326	72
Net Surplus/(Loss) for the year	83,854,007/=	38,694,781/=	45,159,226

1.5.3 Achievements For The Year 2022

- Registered a steady increase in membership
- Conducted a customer week which was called giving back to clients where there was free membership to the new members, gifts to the transacting clients and a football tournament based in greater Kasenda Nyabweya playgrounds
- Managed to acquire land title for the land that houses our Sacco building
- Managed to plaster the whole Sacco building and installed the plumbing and electronic pipe works.
- A foundation stone was also laid on the new Sacco building by Col. Rubale Ronald on behalf of the Minister of state for microfinance and small enterprises Hon Harunah Kasolo Kyeyune on the 6thDecember 2022.

1.5.4 Challenges

- Inadequate funds for completion of Sacco building and servicing the increasing demand for loans by clients.
- Deprived saving culture by members.
- Limited office space as the Sacco is growing.
- Increasing noncompliance to loan repayment schedules.
- The number of dormant accounts is still high.

1.5.5 Future Plans

- To migrate from SP4 to the SP5 which meets UMRA regulations.
- Replacing one board member and secretary on supervisory board who resigned
- Mobilizing more resources to support the Sacco in servicing the increased demand of loans.
- Completion and furnishing the new Sacco offices.
- Purchase more two motorcycles for the manager and marketer

Pictures of Different Beneficiaries of Loan Products



Asaba John
A beneficiary of business loan



Bainenyamulima Clovice
A beneficiary of agricultural loan



New SACCO premises still under construction



Tumusiime Amos a beneficiary of Agricultural loan



Rumanzi Donizi (Left) a beneficiay of business loan



CHAPTER TWO

STRATEGIC DIRECTION AND ENGAGEMENTS

2.1 Background

Following various engagements and consultation in 2021, a five year Strategic Plan was put together showing the different targets and strategies for improving performance in all program areas and operations.

On 25th August 2022, KIDA 2022-2026 Strategic Plan was launched at Serena International Hotel in Kampala to establish new strategic partnerships and make known the future plans and development agenda of the organization.

Key participants in the launch were mapped notable among others included; Hon Janet Kataha Museveni first lady and Minister of Education and Sports (Chief Guest) who was represented by Hon Dr. Joyce Moriku Kaducu- State Minister for Primary Health Care, Hon Margret Mugisa Muhanga- Member of Parliament Fort Portal North Division and State Minister for Primary Health Care, Hon Alex Ruhunda- Member of Parliament Fort Portal Tourism City, Ambassador Robby Karungi- Uganda's Ambassador in USA, Owekitinisa Dr. Beyeza- Minister of Health Toro Kingdom among others.

The launch specifically focused on;

- Sharing success stories and milestone reached by KIDA since inception.
- Providing clear explanation of contents in the 2022-2026 Strategic Plan.
- Sharing with the public the implementation plan of 2022-2026 Strategic Plan.
- Soliciting for financial and moral support towards successful implementation of 2022-2026 Strategic Plan from development partners and other well-wishers.
- Making a public pronouncement of the 2022-2026 Strategic Plan and embrace it for implementation.

Key outcomes of the Strategic Plan Launch

- Success stories and key mile stone of KIDA shared.
- Contents and the focus areas of the strategic plan shared.
- An implementation strategy of the strategic plan 2022-2026 shared.
- Strategies for raising funds for implementation of the strategic plan noticed through established partnerships with well-wishers.
- The launch of the strategic plan as well as sensitization conducted to the partners and well-wishers.



2.2 SPEECH BY THE CHIEF GUEST DURING THE LAUNCH OF KIDA STRATEGIC PLAN FOR THE PERIOD OF 2022-2026 HELD AT KAMPALA SERENA INTERNATIONAL CONFERENCE CENTER, SLATED FOR 25TH AUGUST 2022.

The Cabinet and State Minister present

The Diplomats present

Tooro Kingdom Officials here present

The religious fraternity here present

The civil Society Representatives

Members of Parliament present

The Board of Trustees Kitojo Integrated Development Action

The Board of Directors Kitojo Integrated Development Action

Invited Guests,

Ladies and Gentlemen,

It is my great pleasure to join you today at this auspicious occasion for the launch of the Kitojo Integrated Development Action Strategic Plan for the period 2022-2026. May I express my profound gratitude for your invitation to me to be the Chief Guest during this important occasion when KIDA is launching its Strategy Plan for the next five years?

I congratulate the KIDA for coming up with an elaborate strategic plan that will move the focus sector to high levels of prosperity. These programs are complimentary to the already existing NRM government programs in the County.

I have perused through the plan and I am satisfied that the strategy was well thought through and clearly outlines the strategies KIDA will use in realizing its mandate in the next five years. I am greatly impressed by the quality of the ideas put in the strategic plan. They were well thought through.

Kitojo Integrated Development Action (KIDA) was established in 1999 in response to the socio-economic devastation caused by a decade and a half of the HIV/AIDS epidemic, which had left entire families and communities deprived of the ability to improve their own livelihoods, through lack of access to basic health and education services. Almost 20 years on, KIDA has developed into a vital grass root Community Development Organization for the local people, on the outskirts of the rural village of Rwaihamba, some 22km South of Fort Portal City. None the less critical challenges still prevail for example there's high rates of school drop outs due to lack of scholastic materials which has led to early pregnancies and marriages in the communities, high numbers of redundant and unskilled youth which exposes them to other social evils casting a risk to people's lives, with the long distance to other health facilities it poses a challenge for referrals due lack of transport besides high levels of poverty, the communities are constrained in affordability of health care need which restrains them from accessing health services in time. In addition to all the above the HIV/AIDS prevalent rate is 14.2% more than double compared to national prevalent rate of 6%. This indicates the depth of HIV/AIDS impact especially among the youth aged between 15 to 35 years. The transmission rate stands for KIDA hospital standards at 50% in light of the District which stands at 49% in the quarter of April-June 2022 as well as high incidences rates of malaria cases, 1224 case were tested at the facility over 927 cases have been managed at the facility accounting for 75.7% positivity rate.



KIDA 2022-2026 Strategic Plan Launched.

In the quarter of April-June 2022 the positivity rate stood at 40.4% compared to the District of 33% which is far above the target of 7% as set by MoH. While KIDA has endeavored to provide an opportunity of training in employable skills through its vocational skills training program, KIDA is still constrained by lack of appropriate infrastructure such as classrooms, workshops and hostels. On the other hand running a Rural based health facility faces a critical challenge of attracting and retaining of Health workers.

KIDA's Vision, Mission and Programmes are in accordance with the **UN's Sustainable Development Goals**, specifically SDG 3: 'Good Health and Wellbeing', SDG 4: 'Quality Education', SDG 5 'Gender Equality' and SDG 8, in providing opportunities for, 'Decent Work and Economic Growth' (SDG's., 2015)

With the little resources and through the generosity of Donor and Partnership funding, KIDA now offers quality and affordable Healthcare Services at KIDA Hospital; delivering a range of General Medical Preventative and Curative Inpatient Hospital Services, along with an HIV Outpatient Clinic and Counselling Services. From its inception, KIDA has been at the forefront educating the community on health and welfare initiatives by taking its Music, Dance and Drama group to sensitize communities in local and remote village locations.

Ladies and Gentlemen

I am also aware that the development of this strategic plan went through the process of involving other stakeholders including communities who are the key stakeholders. This is in line with the provision of the Constitution of Uganda of public participation in policy formulation and in decision making.

I also note with gratitude that the Strategic Plan is aligned to key policy instruments such as the NDP III and the Vision 2040, the NRM manifesto, the provisions on Health in the 1995 constitution of the Republic of Uganda and the Sustainable Development Goals (SDG's). This indeed is a clear demonstration that the KIDA is responsive to the dynamic changing needs of the society.

Ladies and Gentlemen

This Strategic Plan provides a road-map for the provision, promotion and equalization of opportunities and realization of affordable quality health care for communities near and far to live decent livelihoods within the Rwenzori Region. It is my hope that KIDA will be able to seize any available opportunity to realize its vision of creating a barrier free society in the health care provision and treatment to

our people. This in turn will spur development and promote education in the region “A health mind, health body and a health life.”

I am therefore pleased that in launching the Strategic Plan 2022-2026, KIDA has put in place measures geared towards adapting it to the context in which it operates. The contents of the Strategic Plan are themselves promising. During the five years KIDA will focus on the following Key priorities, that is,

Health

- Construct and equip radiology unit and acquire an X-ray machine by end of 2022 UGX 850.000.000.
- Refurbish existing infrastructure to create rooms for dental and eye services and equip them with relevant gadgets by 2023 UGX 320.000.000.
- Refurbish Laboratory and procure a Chemistry Analysis Equipment by end of 2023 UGX 150.000.000
- Acquire an ambulance by 2023 UGX 250.000.000.
- Construct and equip maternal child health Centre by 2024 UGX 772.864.014.

Education

- Provide scholarships and supporting items to OVCs with Special needs (physically challenged) 2022-2026 UGX 56.250.000.

Vocational Skills Training

- Infrastructure Development (New classrooms/workshops/hostels by end of 2023 UGX 1.066.025.200.

In implementing the Strategic Plan I want to assure members of the Board, staff and the underprivileged communities in the rural areas of Rwenzori at large my commitment to support KIDA in delivering on its mandate with a sum of Ten Million shillings. More importantly, it is my singular appeal to all the partners and invited guests to support the implementation of the KIDA strategic plan of the period 2022-2026 to better serve well our people in the Rwenzori Region. I further call upon strategic partnerships in implementation of this plan. I appeal to Ministry of health to fast track the Inclusion of KIDA on the PHC beneficiaries as well as collaboration with other funding opportunities within the Ministry frame work.

Ladies and Gentlemen

As noted above, the Strategic Plan being launched today is based on four key pillars. Each pillar has clearly spelt out strategies whose full implementation will facilitate the transformation of lives of OVCs, mothers, children and persons with disabilities as well as the general Rwenzori communities.

In conclusion, I note with satisfaction that the Strategic Plan provides for an effective monitoring and evaluation system which will guide in gauging the performance of KIDA and the impact of the implementation of the Plan.

Lastly, I wish to thank the Board of Trustees, Board of Directors and Management of the KIDA, who facilitated the development of the Strategic Plan and all the other stakeholders who took part in the process of developing the Plan in one way or another.

In line with the spirit of leaving no one behind, I wish to request the management of KIDA to continue engaging with these stakeholders as you implement the Plan. I also wish KIDA best of luck during the implementation the Strategic Plan.

With these few remarks, ladies and Gentlemen, it is now my pleasure to declare the KIDA Strategic Plan 2022- 2026, officially launched.

Thank You!

2.3 Some of the Dignitaries at the Launch



Hon. Margaret Muhanga Mugisa. State Minister for Primary Health Care and Member of Parliament for Fort Portal North Division.

Hon. Muhanga appreciated KIDA team for the good work they are offering to the local community to enable individuals and families live a better life.

She pledged her support to KIDA in the areas of health in line with her Ministry.



Ambassador Kakonge Robie. Uganda's ambassador to the U.S.A.

Amb Robie. Expressed her gratitude to KIDA for inviting her for such an important function to discuss matters of health, education and income to households.

She emphasised that people need to be reminded about prevention against diseases because treatment is always too costly and takes up so much of productive time.

Amb Robie encouraged KIDA to conduct research in her catchment areas to come up with up to date ground based data which can be used to inform choice of interventions.



Hon. Alex Ruhunda. Member of Parliament Fort Portal Central Division.

Hon Ruhunda appreciated Rev. Can Ezra Musobozi the founder of KIDA for not waiting for exotic solutions to local problems.

He highlighted that the beginning isn't easy recalling on how they started KRC as a local organisation that has grown into a national organisation KRC-Uganda.

Hon Ruhunda urged KIDA to embrace benchmarking from other organisations in order to learn and grow.



Hon Kaducu (Left)-Second behind her is Mr. Nabendra Dahal who represented UNICEF



Amb Robie signing off the strategic Plan. Mr. Muzinduki Patrick Chairperson Board (R)



Ven. Rev. Solomon Kandole Chairperson Board of Trustees graced the occasion.



Mr. Mwanguhya Charles Mpagi. Was the MC for the day.



L-R Kenneth Rwabukuku-Consultant, Rev Patrick Kamara Chaplain at Nakasero COU, Hon Dr. Beyeza-Minister of Health Tooro Kingdom, Mr. Ezra H Niyigaba Deputy Executive Director- KIDA.



L-R. Mr. Byamukama Alex SACCO Board Member, Mrs Marjorie Musobozi-Member Board of Trustees, Mrs Grace Kyomya Chairperson Board Kitojo Care SACCO, Mr. Kusemererwa Fortunate Manager-Kitojo Care SACCO.

2.4 Key highlights from KIDA Stakeholders' Conference Held on 16th December 2022.

The conference was attended by numerous dignitaries from Government, different organizations, security personnel, religious leaders, social workers among others.

The invited Chief Guest was Haruna Kasolo Kyeyune-State Minister for Microfinance and small enterprises was represented by Colonel Ronald Rubale.

Key note speech about “the factors that foster service delivery” was delivered by Ms. Kemigabo Catherine who represented the District Health Officer.

In attendance was the Bishop of Rwenzori Diocese; Rt Rev Rauben Kisembo Amooti.

The RDC Kabarole District; Mr. Bandeeba Festus Apuuli;

Among other distinguished guests.

Communication from the Chief Guest (Colonel Ronald Rubale)



The Chief Guest laid a foundation stone on the SACCO building;

- Appreciated KIDA for the good work it's doing for the community on behalf of the government.
- He encouraged people to develop a saving culture even if it's Ugx 1000 per week.
- He appreciated the SACCO members and leadership for the construction work going on at the SACCO building and promised to link management to the Finance Minister to seek support for completion of the SACCO office building as well seek technical support.
- He thanked KIDA SACCO for the good management structure and leadership. Col. Rubale emphasized that holding such stakeholder engagements build trust and encourage more members hence big loan portfolio and savings.
- Appreciated KIDA for the good working relations with other financial institutions like Centenary bank.
- He requested SACCO to look through the PDM (Parish Development Model) program setup and assess how it can benefit from the model and the community at large.
- He promised to secure an appointment for KIDA SACCO management to meet Minister of Microfinance.

2.5 Highlights from the Key Note Speech

- The DHO thanked KIDA Hospital for the great work being done to better the lives of the local community through provision of Quality and affordable health care services.
- She noted that as a District, they rely on KIDA so much being the only hospital in the District.
- She emphasized that team work and collaboration between KIDA hospital and the District health office should continue in order to achieve our set targets and a lot more.
- Catherine encouraged timely and constant communication between KIDA and the key stake holders for better performance.
- She appreciated the annual report presented to members and the 5 year strategic plan. Catherine attributed the results to good leadership, planning and teamwork. More so this implies that all the resources that come to KIDA are put to good use with proper accountability.
- The DHO appreciated staff for time management and provision of a 24 hour service to the patients in the community.
- She urged KIDA management to put data to good use, do situation analysis about performance and keep in mind KIDA values especially love, transparency and integrity.
- Appreciated management for allowing staff to gain mentoring and coaching especially when they go for trainings and refresher courses. This is a good practice for better service delivery.
- Appreciated Dr Brian Kiiza for the good leadership exhibited and delegation of duties whenever called upon for District health team activities but also for accepting to serve the rural community and not rushing to go for greener pastures in towns and cities.
- Appreciated Management for conflict management and helping survivors of gender based violence which is on the rise in the community KIDA is serving.
- Appreciated the efforts put in for KIDA hospital to join the UPMB network and noted that this was very necessary and it would have happened yesterday.
- Thanked KIDA hospital staff for being alert and for early identification of the first case of Congo Crimean fever which was referred on time, well managed and discharged.

She made some recommendations to stake holders about KIDA hospital as follows;

- KIDA hospital should start receiving PHC funds to facilitate primary health care activities. All partners need to work together to see this comes to pass.
- Secondment of some key health staff of KIDA Hospital by Ministry of Health to enable them feel some comfort while working in the rural setting.
- KIDA should use the opportunities available as members of UPMB network to solicit for funds like grants from government and other organizations.
- She promised to continue working together with KIDA hospital for improved service delivery to the community.

2.6 Remarks from the RDC-Kabarole



Mr. Festus Bandeda thanked KIDA for the great service it's offering to the community.

He promised to brief the Prime Minister and H.E the president about the good work KIDA is doing in the rural community for the people of Uganda.

If possible and there is need, he is ready to organize an appointment or even a meeting with any of the stake holders including the prime minister or the president to discuss issues of KIDA and how it can be helped.

Thanked Dr. Kiiza Brian for the good work he is doing for the community. He has always heard about him but had never seen him physically, he emphasized the need to have him put of government payroll but continue serving the KIDA community.

He promised to work with KIDA and all other stake holders to achieve KIDA goals for the best interest of the people.

2.7 Remarks from the Bishop of Ruwenzori Diocese; Rt Rev Rauben Kisembo Amooti



He thanked the Executive Director and KIDA for the good work of God and offering such quality services to the people of this community.

He emphasized that religious leaders do not only feed the spirit but are also concerned with the wellbeing of the whole person in totality including the health of the people. Hence he is very pleased with the good work his colleague Rev. Can. Musobozi Ezra is doing for this community.

He prayed to God to continue opening up more doors for resources to come to KIDA and encouraged the different stake holders to do whatever it takes to help KIDA achieve the heights it should attain.



L-R Mrs. Grace Karungi Mugasa Vice Chairperson Board of Directors-KIDA Rev Can. Musobozi Ezra Executive Director-KIDA Mrs. Grace Kyomya Chairperson Kitojo CARE SACCO.



CHAPTER THREE

SUCCESS STORIES

3.0 SUCCESS STORIES.

3.1 KIDA Hospital Resurrects a 16 Year Old HIV Positive

“Kunihira Phiona” (not her real name) was born by a HIV positive mother and later tested HIV positive at the age of 4 years weighing 11kilograms!! Phiona was referred to KIDA Hospital for treatment, on 22/7/2010 she was re-tested and initiated on Antiviral Viral Therapy (ART).

However in May 2016, Phiona was bled for viral load test but her results reported unsuppressed viral load despite being on treatment for 6 years. Counsellors at KIDA ART clinic put Phiona on Intensive Adherence Counselling (IAC) sessions and in November 2017 she had achieved suppressed viral load. Unfortunately, when tested again in October 2019 Phiona had slid back to unsuppressed viral load.

“This is increasingly common among adolescents due to poor adherence to treatment as many fear to be stigmatized by communities when seen picking ARVs”.

Said Sylvia a Counsellor at KIDA ART Clinic.

Despite Intensive Adherence Counselling, Phiona still had unsuppressed viral load in July 2020 and was bled for Drug Resistance Test. However efforts to have the sample sent for testing in Kampala were hampered by Covid 19 restrictions. KIDA ART Clinic team continued with both Hospital and home based IAC sessions.

Due to persistence, victory was registered on 1st January 2022 when Phiona was bled again for viral load and her test results reported suppressed and undetectable viral load.

Joshua a counsellor at KIDA ART Clinic attributed victory to cooperation between Phiona, caregivers, and health workers. “Home based assessment during treatment period is vital for psychosocial support and monitoring patient adherence levels”. Sylvia added

“I appreciate all ART Clinic staff and KIDA Hospital management for all the support given to us and our clients” said Frances a Senior Nursing Officer at KIDA Hospital.

KIDA Hospital is located in Kabarole a District with high HIV prevalence rate of 14% against the national prevalence rate of 6% (The Uganda AIDS Commission 2020 statistics).

Uganda is promoting 95, 95, 95 HIV prevention strategy to end HIV/AIDS by 2030 , we hereby appeal to individuals, organizations and government to support KIDA Hospital’s efforts of carrying out community outreaches, HIV prevention and awareness drives to achieve.

STORY WRITTEN BY

Nuwasasira Darius – Head of Out Patient Department

3.2 Cheap Medical Services Turn Expensive

The family of Brenda, a 4 year old girl rushed their sick infant to a nearby drug shop for medical care. While at the facility, the service providers suspected Brenda to be having Malaria

Brenda was admitted and a health worker advised the parents to calm down because their daughters' condition would be well managed. The health worker administered drugs to Brenda by cannulating her left hand. This brought hope to the Brenda's parents since their daughters' cause of illness was known and the situation being managed.

Still admitted at the drug shop, on the third day of treatment, the parents realized that Brenda's situation was worsening and her left arm increasingly swelling as she groaned in pain. Child's fevers weren't going down, the child could neither sleep nor eat due to severe pain.

"At this point we didn't expect any miracle from that drug shop and we decided to carry Brenda to KIDA amidst fears that we may lose her on the way to KIDA due to distance and poor state of roads" **Brenda's father narrated.**

Brenda was brought to KIDA Hospital without any medical report! She was diagnosed with malaria and immediately a treatment plan was drawn. Her father was very keen and observant to see how the cannula was being placed on the child's left foot and occasionally asked if he could support.

After some minutes as Brenda was lying quietly on the Hospital bed, her father broke the news about how he doubted the procedure done on her daughter while at the drug shop but couldn't say anything to "an educated health worker" and he suspected that it could be the reason why daughters' hand swell.

In about 3 days Brenda's malaria had been well managed but she was to stay longer due to the septic left arm which was infected as a result of a wrongly placed cannula but also it must have been septic technique.

She was scheduled for incision and drainage for proper sepsis management. About 600mls of thick pus was drained from the arm!! In One week's time, she was ready to go home but report back to hospital every after 2 days for cleaning and dressing.

Dr. Brian Medical Director - KIDA Hospital. Said *"Whereas the parents thought they would save money by seeking health services for their daughter at a relatively low cost health facility, the poor quality services they received ended up causing them triple costs.*

This is a very common practice in the community we are serving and often times, we get such complications due to medical errors and lack of aseptic techniques while treating the patients especially from under trained nursing assistants in the rural drug shops who claim to be qualified and licensed medics. These drug shops commonly referred to as clinics are supposed to be regulated or closed by authorities.

I encourage parents to always seek proper medical care because cheap things are always expensive. Brenda's family were thankful to KIDA hospital for the interventions made to save their child's life. Their daughter can now eat, sleep and play with colleagues again." **Dr Brian added.**

Offering quality medical services is one of our core values at KIDA hospital.

Written by Mrs. Mugarra Frances Kiiza-Senior Nursing Officer-KIDA Hospital

3.3 KCHIP Regains Hope to Family

Worries added salt to the injury when Karungi Mary 25 years, who was experiencing birth pains couldn't believe her ears when she was told that she would only able to give birth to her first born by caesarian section. Upon receiving the news, Mary's mind immediately ran to the costs involved in giving birth by caesarian section and couldn't imagine who would support on the bill. As the medics were up and about preparing to deliver her to the operation theatre.

Mary miserably asked. Mum! "Where shall we get money to pay the bill after the operation?"

Her Mum comforted her "Mary, don't worry your Dad paid all our insurance premiums" However the two were puzzled if their insurance account could cater for Mary's medical bill since two of their group members had already utilized some money off the account to meet medical bills.

However, this could not stop KIDA Medics from providing timely and quality health care. Mary's operation was successful, both mother and baby were in a good health.

Mary was an invoiced Shs. 410,000 (Four hundred and ten thousand shillings). Since her Dad had paid premium for the family including Mary, they presented Mary's Health Insurance Card which changed the whole story. After considering all her health insurance benefits, Mary was to pay out of pocket 45,000/- only as co-payment for the services received.

"Oh God, where would I be without this health insurance? Appreciation to KIDA for the thoughtful idea of bringing such services near to us. Without KCHIP, all my three goats would be on sale!" Mary joyfully added.

Asiimwe John KCHIP Coordinator explained that; KCHIP refers to KIDA Community Health Insurance Plan an initiative of KIDA meant to enable people pay less out of pocket while meeting hospital bills.

"It's very unfortunate that many people are reluctant about Health insurance thinking it's a waste of money saying" What if I don't fall sick? Added John.

By March 31 2021, Uganda was the only country in East Africa that had not passed a national health insurance scheme and had some of the highest out-of-pocket costs for health in the region. An estimated 38% percent of Uganda's health expenditures are paid by individuals through out-of-pocket costs, followed by development partners (41%), the government (16%), and others (5%).¹ However to date the health insurance policy hasn't been implemented and people continue to choke on high hospital bills.

Uganda's current health insurance options are employer or community-based schemes and are estimated to cover less than 2% of the population.²

We invite community members, development partners and leaders at all levels to embrace KIDA Community Based Health Insurance Plan. Your support will lower the premiums and enable families enroll more people to the scheme thus increase the allowable cost per group per quarter most importantly, this surely guarantee increased access to quality and affordable health services.

Story written by Nyakoojo Joseph.

¹ World Health Organization Global Expenditure Database. (2018). Out-of-pocket payments, user fees and catastrophic expenditure. Retrieved from: <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=UG>

² Basaza R., Pariyo, G., & Criel, B. (2009). What are the emerging features of community health insurance schemes in East Africa? Risk management and healthcare policy, 2, 47-53. <https://doi.org/10.2147/RMHP.S4347>



CHAPTER FOUR

FINANCE & PARTNERS

4.1 Statement of Comprehensive Income

Kitojo Integrated Development Action (KIDA)

Audited Financial Statements

For the year ended 31st December 2022

STATEMENT OF COMPREHENSIVE INCOME

	Notes	2022 Ushs	2021 Ushs
INCOMES			
Donations	8	703,320,968	669,311,507
Other Incomes	9	340,869,050	265,388,300
Total Income		<u>1,044,190,018</u>	<u>934,699,807</u>
EXPENDITURES			
KIDA Hospital Costs	10	597,301,352	611,920,180
KIDA General Program Administrative Costs	10	393,426,586	311,701,681
		<u>990,727,938</u>	<u>923,621,861</u>
Surplus/(Deficit) before Depreciation costs		<u>53,462,080</u>	<u>11,077,946</u>
Depreciation Charge for the year Taxation	3	(68,944,586)	(26,865,758)
Net Surplus/(Deficit) for the year		<u>(15,482,506)</u>	<u>(15,787,812)</u>

4.2 Statement of the Financial Position

Kitojo Integrated Development Action (KIDA)

Audited Financial Statements

For the year ended 31st December 2022

STATEMENT OF FINANCIAL POSITION

	Notes	2022 Ushs	2021 Ushs
ASSETS			
Non-current Assets			
Property and Equipment	3a	929,770,635	918,447,219
		929,770,635	918,447,219
Current Assets			
Receivables	6		120,000
Cash and Bank	4	44,980,213	45,626,710
TOTAL ASSETS		974,750,848	964,193,929
Capital & Reserves			
Accumulated Reserve Fund	SOCE	(62,210,394)	(46,727,888)
Capital Fund	SOCE	395,027,001	395,027,001
Revaluation Reserve	SOCE	577,538,359	602,538,359
		910,354,966	950,837,472
Non-Current Liabilities			
Borrowings	5ii	14,583,335	-
Current Liabilities			
Other Payables	(5)	49,812,547	13,356,457
TOTAL CAPITAL & RESERVES		974,750,848	964,193,929

The financial statements were approved by the directors on2023 and signed on their behalf by:

Executive Director



Chairman



4.3 Recognition of Partners.

We profoundly appreciate our partners for your guidance, spiritual, moral and financial support that has enabled us touch and give hope to many individuals in our communities.

We take this opportunity to extend our sincere gratitude to;

1. Friends of Ruwenzori.
2. KRANICH AIDS Africa
3. WAIPUNA Chapel
4. BAYLOR Uganda
5. Joint Medical Stores
6. Abacus Pharmaceuticals
7. All other well-wishers of KIDA



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