

# The Hope Clinic Lukuli

(NGO:5914-4003)

clinic@hcluganda.org

PO Box 4290, Kampala

www.hcluganda.org

## 1.1 Program Goal and Objectives

The Priority Areas to be contributed to in respect of HIV/AIDS are:

- Prevention of transmission of HIV from a pregnant women living with HIV to her infant child
- Prevention of unintended pregnancies among women living with HIV
- Increased HIV counselling towards Routine Counselling and Testing in a general practice health setting alongside existing PMTCT services;
- Improved patient clinical and laboratory monitoring and scaled up access to care and treatment

Through discussions with women during our regular outreaches to the community and weekly ANC and Family Planning consultations we have selected these priorities that reflect local needs and national focus areas. In Uganda's most recent transmission report<sup>1</sup>, HIV from the birth mother accounts for 18% of all new infections. For adults (15-49 years) 89% of infections were in relationships: either monogamous yet discordant (43%) or a person in a multiple concurrent partners network (46%).

### 1.1.1 Our Goals

Hope Clinic Lukuli has been accredited by the Ministry of Health as a HIV Anti Retroviral Therapy Centre (February 2006) and currently counsels over 350 clients per month. As at March 2010, we have 360 clients receiving ART. We have also been commended by the department of health, Kampala City Council (see attached letter) for our mobilisation, counselling and testing.

Our goal is to increase the proportion and hence number of pregnant women in Lukuli and the adjoining parishes of Makindye Division who receive PMTCT counselling, testing and the correct drug regimen if positive to prevent mother to child transmission. Furthermore, the mother will then receive the necessary information and support to feed the newborn child during the first year and so prevent transmission to the infant child.

An important tool in PMTCT is also informing women of their reproductive health choices and with their partner to consider family planning. For people living with HIV, unintended pregnancies are a further risk for PMTCT and so we will increase our outreaches for family planning and provision of commodities to people living with HIV/AIDS.

With the reduction of international funding to Government of Uganda facilities, the lack of free to client laboratory testing, including CD-4 counts, is affecting patient care. Our goal is to form partnerships with the Kiswa health centre which hosts the Kampala City Council CD-4 machine and St Francis hospital Nsambya so that they can provide tests to our positive clients.

### 1.1.2 Our Objectives

With regards to preventing the mother to infant child transmission of HIV, our objective is to counsel and test 100 pregnant women per month in the first year, increasing by 20 patients per year thereafter. This will be achieved through mapping all midwives and birth attendants in the Lukuli parish and adjoining parishes and utilising Ministry of Health, Elizabeth Glazer Foundation and Mothers to Mothers materials to inform and equip these front line community medics as to the benefits to their patients of HIV testing whilst pregnant. Hope Clinic will do the actual HIV testing and we will stock and administer drugs for mother and child and monitor their cases. We believe that this closely supports Goal 1 and Objective 2 of the Prevention thematic area in the National Strategic Plan for HIV/AIDS 2007-2012.

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<sup>1</sup> Uganda HIV Prevention Response and Modes of Transmission Analysis, March 2009

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For all drug retail locations in the Lukuli parish and adjoining parishes we will distribute information on the benefits of planned pregnancies for people living with HIV and the availability of reproductive health commodities at our clinic and PMTCT services. Our objective is that every health practitioner with family planning products (other than just condoms) will have the information and therefore also serve to prompt pregnant women to PMTCT. This will also contribute to primary prevention of HIV among women of child bearing age.

Using the provision of free to mother delivery kits, we will also ensure that the delivery minimises the risk to caregiver, mother and baby. We intend to continue our 2009 success that all deliveries by positive mothers that we supported led to HIV negative babies. Each month the total volume of deliveries to all mothers is 20 and so we expect to increase this to 30 or more and to include in that number 5 HIV positive women per month.

For HIV treatment, care and support, we currently identify 35-40 HIV positive people a month. Our objective is to ensure that we can provide up to 50 CD-4 tests per month and test and treat the commonly contracted opportunistic infections for people living with HIV/AIDS including STDs.

## 1.2 Costed Program Activities

<b>Activity 1 - engagement with maternal health providers to mobilise pregnant women for PMTCT Services</b>						
	<b>Item of Budget</b>	<b>Unit desc'n.</b>	<b>Cost/ unit</b>	<b>Units</b>	<b>cost/month</b>	<b>cost/ year SHS</b>
	Outreach supervisor	person month	650,000	1	650,000	7,800,000
	Community workers	person month	350,000	6	2,100,000	25,200,000
	Uniforms for midwives	2 per person	15,000	100	1,500,000	1,500,000
	Outreach meeting cost	20 participants	100,000	4	400,000	400,000
	GoU/ EGPAF IEC prints	set	10,000	200	2,000,000	24,000,000
	Mothers to Mothers kit	set	15,000	50	750,000	9,000,000
	ARVs for PMTCT	course	35,000	50	1,750,000	21,000,000
	Safe Delivery Kits	sealed kit	15,000	30	450,000	5,400,000
						94,300,000

<b>Activity 2 - Reproductive health information targeting Prevention with Positives (unplanned pregnancies)</b>						
	<b>Item of Budget</b>	<b>Unit desc'n</b>	<b>Cost/ unit</b>	<b>Units</b>	<b>cost/month</b>	<b>cost/ year</b>
	Clinical Officer	person month	1,100,000	1	1,100,000	13,200,000
	Family Planning Nurse	person month	700,000	2	1,400,000	16,800,000
	Counsellor	person month	1,100,000	1	1,100,000	13,200,000
	Community RH supervisors	person month	350,000	6	2,100,000	25,200,000
	uniforms for RH worker	1 per person	15,000	60	900,000	900,000
	IEC materials printed	set	10,000	50	500,000	6,000,000
	FP commodities	monthly stock	10,000	50	500,000	6,000,000
						81,300,000

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<b>Activity 3 - Provision of laboratory and clinical monitoring for care and support of PLHA</b>						
	<b>Item of Budget</b>	<b>Unit desc'n.</b>	<b>Cost/ unit</b>	<b>Units</b>	<b>cost/month</b>	<b>cost/ year</b>
	Program administrator	person month	1,100,000	1	1,100,000	13,200,000
	Laboratory staff member	person month	700000	1	700,000	8,400,000
	Blood sampling tools	Per sample	3000	50	150,000	1,800,000
	Operation of CD-4 test	Per CD-4 test	15000	50	750,000	9,000,000
					-	-
					-	32,400,000

<b>Equipment for all activities</b>						
	<b>Item of Budget</b>	<b>Unit desc'n.</b>	<b>Cost/ unit</b>	<b>Units</b>	<b>cost/month</b>	<b>cost/ year</b>
	Monitoring equipment	camera	600,000	1	600,000	600,000
	Monitoring equipment	computer	1,000,000	1	1,000,000	1,000,000
	Monitoring equipment	printer	800,000	1	800,000	800,000
	Stationary for clients	client files	2,500	50	125,000	1,500,000
	Fieldwork stationary	pads and pens	100,000	1	100,000	1,200,000
	Posters and handouts	set	500,000	1	500,000	6,000,000
					-	-
					-	11,100,000

The summary of costs for year one (three activities) is US\$ 208,000,000. This is expected to be repeated in each of the following four years. In the first year, an equipment budget amounts to US\$ 11,100,000 and of this US\$ 8,700,000 would be repeated in future years.

## 1.3 Overall estimated cost

Hope Clinic Lukuli has prepared a budget that includes the cost of purchasing the necessary ARV drugs for PMTCT and also the family planning commodities for Prevention With Positives and cost of printed materials held by the Ministry of Health and the Elizabeth Glaser Foundation and other counselling and testing organisations in Uganda. If these items can be provided to Hope Clinic then the budget can be reduced by a total of Shs 285 million over the five years.

Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total US\$
Activities	208,000,000	208,000,000	208,000,000	208,000,000	208,000,000	1,040,000,000
Start-up equipment	2,400,000					2,400,000
Other equipment	8,700,000	8,700,000	8,700,000	8,700,000	8,700,000	43,500,000
Annual Total	219,100,000	216,700,000	216,700,000	216,700,000	216,700,000	1,085,900,000

At June 2010 rates of exchange, the overall estimated cost is US\$ 517,000 over five years.

## 1.4 Performance Indicators with annual targets for five years

The objective stated in the national strategy for HIV/AIDS in Uganda refers to reducing by 50% the transmission from mother to child by 2012. If the current transmission rate is 18% (per transmission report) or 22.5% (per strategic plan) we must therefore seek to achieve fewer than 9% of our positive mothers transmitting HIV to their infants. Currently we achieve this.

Indicator A: Number of pregnant women who attend at least one ANC visit at Hope Clinic Lukuli and who agree to HIV testing as part of a PMTCT programme.

Target for Indicator A – 80% of all new ANC clients, at least 100 tests per month in the first year, rising to 120, 140, 160 and 180 in each of the following years. (reflects GoU indicator 19)

Indicator B: Proportion of HIV positive women who deliver at Hope Clinic Lukuli and who receive (for themselves) and for the baby, the Government of Uganda drug regimen (GoU indicator 18)

Target for Indicator B – 90% of the women who deliver at Hope Clinic Lukuli will receive the necessary regimen as will the infant. This will be maintained for the five years.

Indicator C: Number of maternal health service providers and family planning commodity distributors operating in Lukuli parish and adjoining parishes who have been visited by Hope Clinic Lukuli in the past three months and supplied with GoU, EGPAF or Mothers to Mothers IEC materials related to PMTCT and Prevention With Positives (supports GoU Indicators 34 and 35)

Target for Indicator C – 50 sites will be visited in the first quarter and thereafter additional sites per month to maintain an indicator score of 50 sites per quarter as visited and equipped with IEC.

Indicator D: Number of deliveries that included use of a safe motherhood delivery kit including transmission protection for mother and caregivers.

Target for Indicator D – at least 20 deliveries per month in the first year, rising to by 10 to 30 in year two and then 35, 40 and 45 per month in the following years.

Indicator E – number of HIV positive clients who receive laboratory and clinical monitoring of their case including free to client CD-4 test and results and four STI/ STD episodes a year. (related to GoU Indicators 23 (STI) and 31 (minimum palliative care package)

Target for Indicator E – An average of 50 tests of CD-4 per month provided to positive clients.

## 1.5 Geographic coverage

Hope Clinic Lukuli is situated in Lukuli LC-II (parish), part of Makindye LC-III Division of Kampala. The Division as a whole represents 299,000 people counted at the most recent Census. Based on that Census data, the neighbouring LC-II areas within 2km of the clinic's site can be said to include 60,000 people across 15,000 households. The clinic also provides services to people living in a wider radius as Nsambya Hospital and Kiruddu health centre are 4km and 5km distant, respectively.

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In respect of HIV/AIDS services, we believe that our coverage is expanding rapidly in terms of how far the most distant clients have travelled. Our approach to the Global Fund is because the information we gain during the pre and post test counselling is that Hope Clinic Lukuli is the only site offering access to HIV tests between Kansanga/ Lukuli and the 3-4km to Ggaba, the landing stage and island population beyond that transit through Ggaba, Munyonyo and Bunga.

## 1.6 Management Capability Statement

The Hope Clinic Lukuli is a Ugandan NGO and is registered as a primary healthcare facility with the Registrar at the Ministry of Health. We attach letters of recognition from the Makindye Division Medical Officer and the Director of the department of health, Kampala City Council.

In terms of management of the funds and delivery of services in line with national medical and public health guidelines and fiduciary regulations, our recent achievements include:

- The Hope Clinic Lukuli has been recognised by the Ministry of Health as having the medical facilities and systems which enabled it to be designated as an ARV Therapy Centre (February 2006). It is a centre of excellence for the Joint Clinical Research Centre (JCRC).
- Following regular inspections by Kampala City Council nursing in-charge (Sister Okware), the matron for youth services (Sister Oluka) and the Divisional Medical Officer for Makindye, (Dr Ssemwogerere) we have received the PHC grant and consumables to support our maternity and child health services. Our accountabilities are made promptly as they fall due.
- Hope Clinic Lukuli has successfully managed capital and operational grants, including from: Rotary International; Belgian Technical Cooperation (twice); Until There's a Cure; Aggreko International (twice); and DFCU Group. The NGO has also received three awards from the US Embassy small grants department in respect of counselling and testing services and currently administers a grant for income generation activities to benefit HIV positive households.
- The Director of the NGO who is responsible for financial management is a Chartered Accountant with over 11 years experience of development programme implementation in Uganda under Government and funding agency regulations of PEPFAR and the European Commission. The onsite administrator uses the Quickbooks accounting software and are willing to have financial spot checks on our transactions by your financial supervisors.
- Our record-keeping combines the requirements of the HMIS Database for Health Units and the Quickbooks accounting software which was introduced during 2006. Each month our HMIS form #105 is provided to Makindye's Divisional Medical Officer and we have regular supervisory visits from Division and central KCC staff.
- Our medical staff contingent includes two full time Clinical Officers and two part-time Clinical Officers to provide 24 hour cover from senior staff. In respect of HIV, the senior Clinical officer, Annet, has received 2 years mentoring on the job as well as formal training from the Joint Clinical Research Center. They work with Registered and Enrolled nurses and midwives as well as laboratory technicians and graduate counsellors.
- The clinic is up to date with its Uganda Revenue Authority returns and has been reconfirmed as being charitable in its purpose and having audited financial statements.

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## 1.7 Name of Organisation

The organisation is Hope Clinic Lukuli, a company limited by guarantee and a registered NGO.

## 1.8 Contact Details of Organisation

The telephone contact for the organisation is 0712 738076. There is no fax machine. E-mails can be received at clinic@hcluganda.org and the physical address is:

Hope Clinic Lukuli, Lukuli-Nanganda, Makindye Division, Kampala (PO Box 4290, Kampala)

## 1.9 Contact person for the proposal within the organisation

The Director to be contacted in respect of this proposal is Philip Mitchell (Philip@hcluganda.org). He is a UK Chartered Accountant with experience in health marketing and communications, grant management under PEPFAR and financial management of European Commission funded projects.

## 1.10 Type and legal status of the organisation (attach certificates)

Hope Clinic Lukuli Limited (registration number 59745) is a company limited by guarantee and registered in the Republic of Uganda on 23 July 2003. The company has been considered by the Uganda Revenue Authority who have designated it as charitable in nature and exempt from taxation on donations in receives and other sources of income to the clinic. The certificate of incorporation and letter of exemption from the Uganda Revenue Authority are attached.

## 1.11 Short profile of background and achievements

Hope Clinic Lukuli took on the management of a small maternity unit in Kalule zone, Lukuli LC-II in April 2000. Working with the community management and resident midwife, the clinic services were expanded to include child immunisation visits from St. Francis hospital at Nsambya and HIV counselling visits from the Aids Information Centre. Through the period from 2000 to 2003 the clinic expanded its work to include a separate delivery room and laboratory services. The ability to serve patients outside of the Lukuli and beyond being a CBO led us to formalise relations with the Makindye Division and the NGO Registration Board in February 2003.

Also in 2003, the Hope Clinic Lukuli limited company was formed and we approached construction materials companies in Kampala for support and registered ourselves with the Uganda Protestant Medical Bureau (UPMB). The clinic was functioning from small premises without adequate water or lighting and so a new facility was designed with charitable architects and land provided to us on a rent-free lease of 25 years. In 2004 we began construction of the current facility. At that time we were seeing over 150 patients a month, of whom over 50 had malaria, and we also assisted 1-2 deliveries a week and offered HIV testing on Saturdays reaching 30 people a month. We had been provided with HIV test kits and drugs from the PMTCT unit of the Ministry of Health and so all mothers attending our ante-natal sessions were tested as were all who delivered at the unit if they had missed our ANC.

The response from companies in Uganda, from Rotary International and from Belgian Technical Cooperation allowed the new facility to be built and opened on 5<sup>th</sup> July 2005. In the three months before entering the new clinic, we were seeing about 300 patients a month. The additional space in the new facility, better location and extra staff meant that by the end of 2005 we were seeing over 400 clients a month, of whom over 120 were confirmed with malaria requiring treatment. Our HIV services also expanded as we were able to take on a counsellor during the week and were



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testing almost 50 people a month, including the expectant mothers. Kampala City Council encouraged us to provide child immunisation services independently of Nsambya Hospital and we begun to immunise every Monday and by the end of 2005 were making 200 vaccinations a month.

We made a request to the Kampala City Council and Ministry of Health for recognition as a HIV treatment centre and of our role in the HIV and primary health response to needs in Makindye Division. This was successful and we have received PHC and EDG funding for 2006/07, accreditation as an Anti-Retroviral Therapy centre and receive HIV test kits and Coartem from the Ministry of Health through NMS/DELIVER and JMS. We are therefore fully coordinating our work with the district and national authorities and are an example of a successful public-private partnership in health service provision. Our grant performance is covered below.

## 1.12 Proven track record of managing related grants

Hope Clinic Lukuli has a strong record of not only managing grants, but of fund-raising from national and international sources. We are also used to compiling and submitting commodity usage reports to the Council. As a mark of our good management, we have received second grants from a European embassy in Kampala and from a large international company working in Uganda.

In 2004 and early 2005, Hope Clinic Lukuli designed and built the current medical facility and this was planned and implemented through cooperation with Ugandan corporate donations and international grants. Significant donations in kind were made by Roofings Limited, Hwan Sung Limited, Hima Cement, Sadolin Paints, CTM, the Tile Centre and the Delegation of the European Commission in Uganda. A capital grant was also awarded by Belgian Technical Cooperation from whom a 'letter of grant completion' was received and a second grant award has been made. The construction budget was in excess of US\$ 30,000 including donated materials.

The equipping of the health facility was through a grant of \$21,000 from Rotary International which was concluded in 2006 with the purchase and free distribution of 1,500 long lasting impregnated nets (LLIN). The grant was in the form of financial transfers and procurement was in line with a pre-arranged budget. The grant enabled the purchase of fixed and portable medical fittings and instruments as well as a power back-up which allows light for the clinic to function on a 24 hour basis.

In 2006 grants were received from Belgian Technical Cooperation (BTC) for a medical incinerator and meeting tent and from Aggreko International (a power generation company) for our counsellor and nursing staff and additional equipment. Also in commenced in 2006 was a grant of \$5,000 from a US charity, Until There's A Cure ([www.utac.org](http://www.utac.org)) which has funded Septrin to our clients and also the recent Stay Alive programme of HIV and youth-health awareness for 9-11 year olds through the schools in our catchment area. This was successfully completed in April 2007 with participation from schools, LC-II and LC-III officials in the planning and implementation. Mrs Bonabona, the representative for Health and Education at Makindye Division also took part.

The Rotary Club of Makindye and the Executive Director of UTAC have offered to confirm the successful completion of their grants with us. We can provide the final report letter from BTC.

We have also successfully managed funds under the PEPFAR regulations from the US Embassy. The following are extracts from the final reports by past funders relating to our good management.

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## City Council of Kampala

### PUBLIC HEALTH DEPARTMENT

**TELEPHONES:**

Medical Officer of Health  
Deputy Medical Officer of Health

242434  
258413

P.O. Box 700  
KAMPALA  
UGANDA.

**Telegrams:** "HEALTH" KAMPALA  
In any future correspondence  
On this Subject, please quote No

12<sup>th</sup> - April, 2010

To whom it may concern,

#### EXPANSION OF COMPREHENSIVE COMMUNITY BASED HIV SERVICES IN MAKINDYE, KAMPALA

I am writing to you to express our support for the proposal by Hope Clinic Lukuli and its implementation partners to increase the provision of comprehensive, community-based HIV/AIDS Services. We particularly commend the team for recognizing that our goals in Kampala District include primary prevention, expanded confidential counseling and testing and programs to reduce mother to child transmission. We welcome the sentiment of encouraging close partnerships and 'country ownership'.

It is in this spirit that we wish to offer our observations as to the priorities in Kampala District for provision of comprehensive, community-based HIV/AIDS services. We support the goals to address the inequality of HIV/AIDS services in the Divisions of Kampala. Our recent partnerships have greatly helped the provision of services in the various Divisions, most notably Nakawa Division. That Division now has HIV/AIDS related services available from Kiswa Health Centre and Naguru Teenage Centre as well as the close proximity to the services based at Mulago. We are of the opinion that the support to Kiswa HC and Naguru TC has prepared the sites to take on additional clients, including those living in Mbuya, Kinawataka and Banda.

Similar support to Kiruddu Health Centre has begun to increase the available HIV/AIDS services in Makindye Division which has no other government staffed HIV specialist service providers, despite a greater population than Nakawa. At the periphery of the Division, the Kibuli Hospital and St Francis Hospital Nsambya work in close collaboration with our city health authorities but do not provide community-based HIV programs. Since 2005, Kampala City Council and the Ministry of Health have enjoyed a steady partnership with Hope Clinic Lukuli, situated at the centre of Makindye Division and recognized it as an ART Centre in 2006. This indigenous organization works with Kampala City in various public health interventions which

include this District's priorities for comprehensive, community-based HIV/AIDS Services.

We request that in your consideration of determining your future support and awards that you note our preference for a facility in Makindye Division to be identified to act as the base to partner with communities living with HIV/AIDS and together that they carry out the necessary community-level activities towards comprehensive service provision and utilization.

Yours faithfully,

Dr. Mubiru M.  
District Director Health Services.



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## City Council of Kampala

Makindye Division  
P.O.Box 29528  
Kampala

Our Ref:

Your Ref:

Date: 22<sup>nd</sup> /03/2010

### TO WHOM IT MAY CONCERN

#### RE: HOPE CLINIC – LUKULI

The above named facility is located in church zone lukuli parish Makindye – Division and a private not for profit facility, Excellently providing services to mainly communities of lukuli, Kansanga, Buziga, Salaama, Makindye I, Ggaba, Kibuli, Kabalagala and Nsambye as follows;

- i. Maternity
- ii. General Practice
- iii. Immunization
- iv. HIV Care & Treatment
- v. Lab Services
- vi. Child health & Nutrition
- vii. Antenatal Services

This is to affirm their good cooperation with the Makindye Division Administration in an effort to improve and sustain public health.

Accord them the necessary assistance in order to realize this important goal.

Dr. Lukoya Deus

**DIVISION MEDICAL OFFICER – MAKINDYE**  
**SENIOR MEDICAL OFFICER – K.C.C**

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*Embassy of the United States of America*

December 4, 2009

Hope Clinic Lukuli  
Philip Mitchell, Project Coordinator  
P.O. Box 4290  
Kampala, Uganda

Dear Mr. Mitchell,

We are pleased to acknowledge the completion of your project funded by the U.S. Mission to Uganda's Small Grants Program (The Community Grants Program to Combat HIV/AIDS).

An agreement between the United States Government and Hope Clinic Lukuli in the amount of \$25,000 was signed on the 14 November, 2008. Funds were used for community mobilization and to provide free voluntary counseling and testing services. All clients that tested positive received free treatment. An amendment of \$1,635 was awarded 17<sup>th</sup> December, 2008, for additional outreach and health screening of school kids on Sowe Island. These activities have all been completed and terms of agreement fulfilled. Congratulations.

We recognize and commend your efforts to address the global pandemic of HIV/AIDS and improve the lives of Ugandans.

Sincerely,

A handwritten signature in cursive script that reads "Connie Hansen".

Connie Hansen  
Small Grants Coordinator

## 1.13 Audited accounts for the last 3 years

The audited accounts (receipts and payments, balance sheet and notes to the accounts) are available for the three financial years ended 30<sup>th</sup> June 2007, 2008 and 2009. We have also confirmed with the Uganda Revenue Authority our continued status as a charity.

As attachments to this proposal, we include these audited accounts and the NGO Registration certificate through to 2012.

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FORM B

THE REPUBLIC OF UGANDA

## THE NON - GOVERNMENTAL ORGANISATIONS

No. 4G03

## REGISTRATION STATUTE, 1989

### CERTIFICATE OF REGISTRATION

I HEREBY CERTIFY that HOPE CLINIC LUKULI  
S. 5914/4003

P. O. BOX 4290, KAMPALA.

has this 15th day of June, 2007

been duly registered under the Non-Governmental Organisations Registration Statute, 1989.

#### This Certificate is subject to the following conditions / directions:-

- The Organisation shall carry out its activities in the fields of subsidised health care, maternity clinic services to the community. Counselling and advising participants in national immunisation and health nutrition programmes.
- The Organisation will operate in Kampala District.
- The staffing of the organisation must conform to its Constitution.
- This Certificate is renewed for a period of 60 months from 14th February, 2007.

Issued in Kampala, this 15th day of June, 2007

Mrs. Ketrah Katunguka

Member

Joyce R. Mpanga (Mrs)

Chairman, National Board for  
Non-Governmental Organisations

Mr. Komunda Samuel Sabiiti

Member

Abacus 11/2000