



content

- 2 Foreword
- 3 Message from the Chairman Board of Directors
- 4 Vision, Mission and Core Values
- 5 About AMS
- 6 Major partners
- 7 Programmatic areas
- 8 Strategic Direction One:

Medical Services

9 Strategic Direction two:

Research, Advocacy, and Documentation

10 Strategic Direction Three:

Training and Capacity Building

II Strategic Direction Four:

Partnerships and Sustainability

- 12 Financial Report
- 13 2016 highlights
- 14 Our Team
- 15 Our Partners
- 16 Contacts

COVER PHOTO: Professionally taken photo of some of our youth along the train tracks in Go-down - Namuwongo.

LEFT: (Provide Caption ps



Foreword: Dr Pasquine Ogunsanya

Dear friends and family,

I am honoured to share this second edition of the Alive Medical Services annual report. 2016 has been a year of brilliant treads through innovations and opportunities to broaden the impact of AMS in the community. We have had opportunities of representing AMS internationally for example at the Women Deliver Conference in Copenhagen back in May where on behalf of AMS, I shared our experience and expertise on health rights, social justice and wellbeing of girls and women.

With women and adolescent girls continuing to remain at the highest risk for contracting HIV/AIDS especially in Uganda, it is essential to focus specifically on the services and care provided to this group. I used this opportunity to highlight the deep connection between women and girls' health rights and HIV/AIDS. In that regard, deliberate efforts have been made to create sustainable channels of information sharing and dissemination among the young clients of AMS to improve service delivery and the clients' health.

As we go along, we are not only streamlining women and adolescent girls' health care services, we are also making deliberate effort to ensure that we are not leaving anyone behind by tailoring our services to our clients' needs. This has enabled us to serve more people at their convenience which is registering improved uptake of services, adherence to antiretroviral treatment and retention of more people living with HIV in our care.

In addition to several opportunities and innovations, AMS has worked towards strengthening our communications and resource mobilization by partnering with Global Health Corps (GHC) for a year-long fellowship where two fellows are availed to our organisation in this department.

We are very grateful to our partners and stakeholders, for the support you have accorded Alive Medical Services in the past year. As we prepare for the new year, we continue to look forward to working with our current partners – forge new partnerships to continue serving those in need, infected and affected by HIV in Uganda.

With love and respect,

Dr Pasquine Ogunsanya

The Executive Director





Word from the Board Chair

Welcome to our 2016 annual report that highlights Alive Medical Services' strides to creating a world where those without access to medical care especially people living with HIV are given state-of-the-art medical care. On behalf of the Board of Directors, I thank everyone who has been part of the journey that has seen many capabilities of thousands of people living with HIV enhanced and continue to grow.



I would like to re-echo the theme of this year's publication, "Leaving no one behind" which is the reason that we set out to develop strategic directions for the organisation a year ago. This year, we are giving you a glimpse of these goals and how we are working toward achieving them through our programmatic areas.

As we conclude 2016, I would like to commend each of you for the unwavering support during the year. Because of you, Alive Medical Services has reached over 18, 526 beneficiaries in 2016 that include 12,264 HIV-positive clients.

Yours faithfully,

Francis Gimara

Chairman, Board of Directors Alive Medical Services

Vision

A world in which those in need of medical care have access to state-of-the-art medical services provided with love and dignity

Core Values

Client Focus
Integrity
Love and dignity
Innovativeness
Teamwork
Excellence

Mission

AMS exists to provide and model comprehensive prevention, care, treatment and support of HIV and other health needs for its clientele using a holistic approach incorporating education, training and research to empower them live a quality life

About Alive Medical Services

Alive Medical Services (AMS) is a non-profit, non-governmental medical centre in Namuwongo, Kampala, one of the most densely populated areas of Kampala. AMS is one of the highest-volume HIV clinics in Kampala, offering prevention, care, treatment and psychosocial support of HIV and other health needs for over 13,000 HIV-positive clients. AMS is open 24/7, and provides all services to clients free of charge. In addition to direct HIV support, AMS offers nutritional support, household water treatment, antenatal and post-natal care, family planning, laboratory services, youth-friendly services, and incomegeneration activities.

While working in partnership with the Ministry of Health in Uganda among other organisations, AMS serves clients with a community-based and family-centred approach. Internationally, we work in partnership with Keep a Child Alive (KCA), a non-profit organisation co-founded by Alicia Keys and the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), among other organisations.

Since 2007, AMS stands as a beacon of hope for the local community and far beyond, with some patients traveling far to receive quality, comprehensive care, always delivered with utmost love and dignity. The clinic is deeply rooted in the community and has gained their trust because of the love and respect the staff shows to each person that comes through the doors.

Over a year ago, we set out to strengthen Alive Medical Services' impact on HIV/AIDS through our contribution in developing appropriate, innovative, and sustainable solutions within communities and institutions we serve and work with. Through our 2015-2019 Strategic Plan, we set FOUR strategic directions:

- Strategic Direction One: Medical Services
- Strategic Direction two: Research, Advocacy, and Documentation
- Strategic Direction Three: Training and Capacity Building
- Strategic Direction Four: Partnerships and Sustainability

As we move forward, we keep track of our achievements, challenges and seek opportunities to grow and continue serving with love and dignity.

This is Our Story..



ABOVE: Madina Nakiryowa - a Welfare and Sanitation staff member of Alive Medical Services

RIGHT: (Please provide caption)



Strategic Direction One

Consolidating the provision of comprehensive HIV prevention, care, treatment, and psychosocial support

In 2016, Alive Medical Services reached 18,526 beneficiaries through our comprehensive HIV care, treatment, and support. Of the 18,526-people reached; 14,565 patients were given preventive care and treatment for opportunistic infections such as TB, malaria, and other bacterial, viral, fungal and skin diseases; 12,264 are HIV-positive clients in care with 7,354 new clients enrolled in care and 4,910 pre-ART patients to begin treatment as soon as possible; and a total of 69,826 laboratory tests carried out.

In and out-patient care for adults, youth, and children to a total of

: 14,565 clients.



Prompt, unique case management for 12,264 HIV-positive clients actively receiving care.





12,264 HIV-positive individuals on treatment. Clinical tests were used to provide ongoing monitoring of clinical conditions and measure patients' response to first-line treatment.

General care
to all 14,565
patients' well-being,
including targeted
preventative
Care and treatment
for opportunistic
infections such as TB,
malaria, and other
bacterial, viral,
fungal, and skin
diseases.

State-of-the-art laboratory testing for a total of 69,826 laboratory tests.



antiretroviral (ARV) treatment to 7,354 clients and follow up of 4,910 pre-ART patients to begin treatment as soon as possible.

Voluntary HIV Counselling and Testing (VCT)

AMS provided voluntary
HIV counselling and testing for
7,890 clients. By December 31,
2016, AMS has cumulatively provided
voluntary HIV counselling and testing to
more than 52,829 people, with 14,562 of
them HIV-positive and at least
being children and youth.

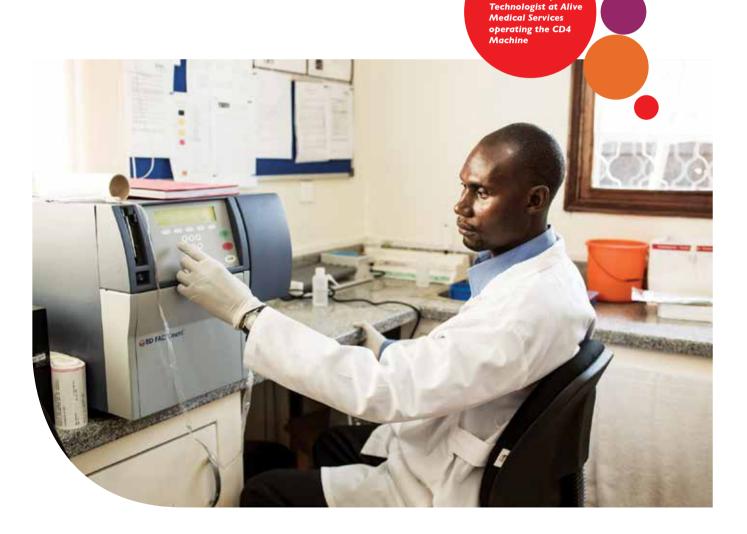
State-of-the-art laboratory services

AMS' laboratory tests provided evidence-based diagnoses of patients' reactions to treatment. In 2016, AMS performed 69,826 laboratory tests, performing an average of 5,819 tests a month. These tests included: HIV, CD4 count, full blood count, viral load, renal, liver, serum, malaria, and other STIs. AMS continued to conduct Gene X-Pert tests as well as sputum induction tests for tuberculosis diagnoses.

AMS also continued to perform Viral Load tests for clients who have been on ART for six months or more, to monitor the effectiveness of treatment. Tests were followed up with intensive adherence counselling for patients with detectable and high viral loads. Currently AMS has increased the number of Viral Load tests to over 68% of patients per year.

AMS performs 90% of all laboratory tests needed and continues to utilize other expert labs, like the Ministry of Health central laboratory, for remaining laboratory needs such as the DNA-PCR.

Godfrey Lubega



Full range of psychosocial support services



Alice Opondo, a Counsellor at Alive Medical Services offering intensive adherence counselling to a client

AMS' robust counselling services continue to provide top-notch and confidential counselling for clients. Services include individual pre- and post-test, adherence, couples', crisis, EMTCT-specific, and ongoing counselling. AMS' counselling staff work closely with the M&E department to follow up on all missed appointments at one week, one month, and three-month intervals. Follow-up was conducted by staff whose main role is to follow up clients daily through phone calls, text messages and home visits. AMS Peer Educators also continue to provide support services and home visits for follow-up for missed appointments.

Through an ongoing partnership with Justice Centre Uganda (JCU), highly marginalized clients have benefited from its pro-bono legal services including knowledge dissemination of legal rights and legal sensitization talks at AMS. The program is overseen

by the AMS counselling department, which screens cases and connects qualifying cases to appropriate legal support. In 2016, 12 new cases, all of which have been completed, have received legal assistance.

AMS has also continued implementing a Peer Networking Group, through which HIV- positive adult clients can socialize, make connections, and possibly start new relationships, support groups and businesses. Interested clients can sign up for the networking group through the counselling department and any consultation room and then staff help coordinate the social session. This provided HIV-positive clients a low stigma social setting to build relationships with peers.

Personalized psychosocial support services were additionally provided through AMS's incomegeneration groups, which are detailed below under section "T."

Maternal and Child Health

Streamlined appointment structure:

 Mothers and babies were scheduled for appointments on the same day such that family units are seen on the same date and therefore clinical appointments are made in a familycentered manner.

Early Infant Diagnosis (EID); DNA-PCR

 DNA-PCR testing was offered for EID of all babies born to women enrolled in AMS' Elimination of Mother-to-Child-Transmission (EMTCT) program as well as other women from the community. In 2016, this included testing 423 babies. ALL babies born to women enrolled in AMS' EMTCT program and received a negative DNA-PCR result, were confirmed HIV-negative after the cessation of breastfeeding. Additionally, 182 babies were discharged negative through AMS' EMTCT program.



Elimination of mother-to-child transmission of HIV (EMTCT)

Mother-to-child transmission of HIV continued to be eliminated since 2013 for all mothers and infants enrolled in AMS treatment. A complete EMTCT program, including option B+, is available to all pregnant, HIV-positive women enrolled in AMS services.

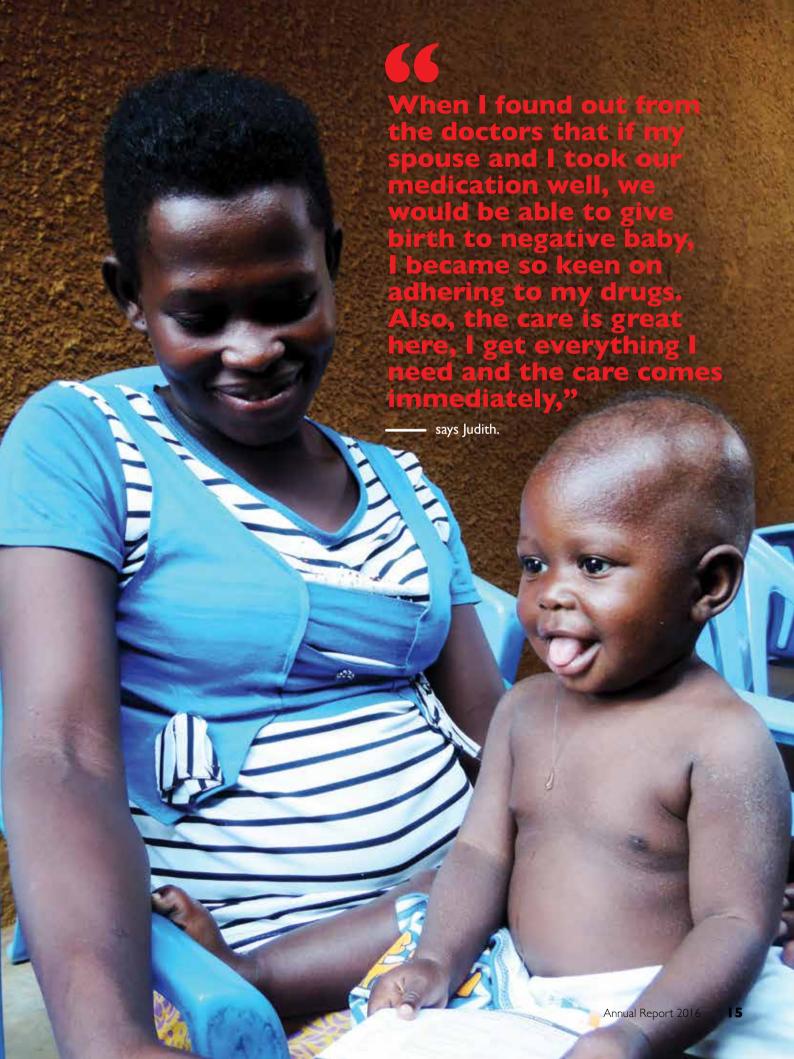
Antenatal and Postnatal Care (ANC & PNC):

Judith Tumwebaze is 20 years old and lives in Namuwongo with her aunt. She has two children – one is 2 years old the other is 9 months old. A year ago, she decided to come to AMS after prolonged illness and a friend advising her to get to know her HIV status. She came in 2015 and turned out to be HIV positive. With AMS' elimination of mother-to-child transmission programme, Judith has a healthy HIV-negative baby.

Like for Judith, AMS provided ANC and PNC services to 27 new mothers and 929 total mothers in 2016. This included the provision of ultrasound services to 392 pregnant mothers, and laboratory tests provided for 1,805 women. AMS provided comprehensive ANC &PNC services that included provision of insecticide treated mosquito nets for pregnant women, mothers, and children below 5 years and below, as well as Vitamin A supplements and deworming treatment for children.

LEFT: A mother attending the EID clinic at Alive Medical Services

RIGHT: Judith with her 9-months old baby at Alive Medical Services as they wait to access the Early Infant Diagnosis (EID) clinic



Maternity Services

All pregnant women were linked with safe delivery sites using an active referral system by collaborating with nearby hospitals, and in 2016, 77 referred mothers delivered babies. AMS also prepared mothers for delivery during ANC visits.

BELOW: Sr. Edith Lubanjwa – a Nurse at Alive Medical Services attends to a mother in the antenatal care clinic using a foetal doppler

Immunization and well-baby visits

658 babies were immunized in 2016, against TB, polio, diphtheria, tetanus, whooping cough, hepatitis B, haemophilus influenza type B, and measles. 35 girls aged 9 to 18 were also immunized against HPV. Offering immunizations and well-baby services allowed AMS to use these visits to bring infants into the clinic and offer early HIV testing and prevention services.



"Know your child's status" Campaign:

The "Know Your Child's Status" campaign is continually promoted at each point of service, in which clinical staff ask parents/guardians about their children's status and discuss the importance of testing and treatment. In 2016, AMS clinical staff worked closely with the M&E department to use patient cards and the electronic data system to track the number and status of all children in patients' families.

Children and Youth days

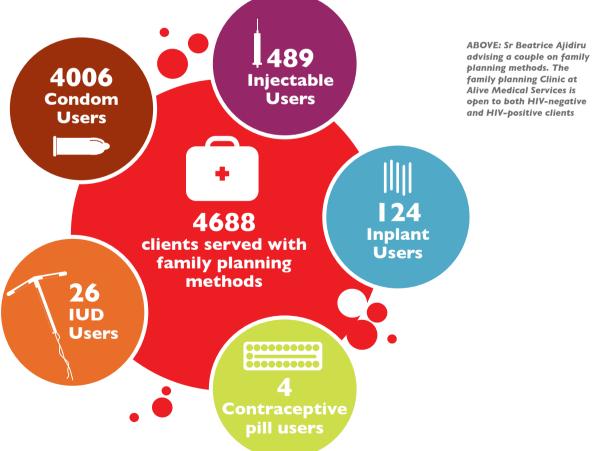
5 Children/Youth Days were organized in 2016, providing special activities and psychosocial services for all HIV-infected children and youth. In 2016, 1,156 children and youth as well as 144 caretakers (guardians and parents) benefitted from these events. Activities included singing, dancing, word games/quizzes, drama and acting, competitions, and sexual education discussions











Nutritional support for food-insecure families

Meet Mohammed:

He first came to AMS in 2007 when his CD4 was 13 and his weight was 37 kg. Now his CD4 is 459 and his weight is 64 kg. After having been on AMS nutition support, he was weaned off the support in June 2016 so that others in need can also benefit. Now he is a representative for Kapeeka, coming back periodically to get medication and food for other clients that are malnourished or food-insecure in Kapeeka. With support of a few others in Kapeeka. He helped begin the Kapeeka group of clients at AMS which started with 10 people and now exceeds 300 members. These people thought that they had no chance of living, but now after adhering to their medication, they do. He also took organic gardening courses and now teaches others gardening techniques. Additionally, he tries to find more people who are HIV-positive by providing a stigma-free, safe space to disclose so that he can connect them to AMS.

Just like for Mohammed, AMS provided essential food supplies to 1,400 food-insecure clients in 2016 monthly, with about 360 of them receiving food bi-monthly. Proper nutrition is essential to effectively treating HIV, particularly because many patients' ability to work and support themselves has been compromised by poor health. Food supplements support patients' health by maintaining their strength and assisting the absorption of medicines. AMS staff complement food distribution with health talks about proper nutrition and methods for hygienic food preparation. Each recipient receives a parcel including:





ABOVE: Mohammad Were attending to his garden in Kapeeka

Youth. leaving no one behind.



66

Food is distributed to over 1,400 food insecure clients on a monthly basis."

— Dr Pasquine Ogunsanya, Executive Director, ALIVE MEDICAL SERVICES



Some of the produce months after harvest; Left – Right garden eggs, okra and red pepper vegetables

608 clients gardening groups

In addition to directly providing food, AMS also provides AMS clients an opportunity to form gardening groups, by identifying available land and providing agricultural instruction and start-up assistance from trained professionals for these groups. In 2016, the AMS gardening program enrolled and benefitted 608 clients in 18 different gardening groups. These gardens allow beneficiaries to grow their own produce, sell the excess to consumers including AMS, and generate extra income.

Providing safewater for drinking

AMS' partnership with Proctor & Gamble provided 7,245 clients with water purification supplies through the Safe Drinking Water Program in 2016. Through this program, patients' general well-being became more secure while the risk of opportunistic waterborne illnesses reduced. This program is especially important for AMS's patients because studies have shown that majority of water sources, water stored in the households and drinking water in Kampala and

beyond are grossly contaminated and access to clean water is very limited and so the safe water program has continued to prevent waterborne illnesses such as chronic diarrhoea. Each patient on this program received water purification supplies along with detailed instructions on how to properly use them. This was supplemented by water purification demonstrations provided by AMS staff during nutrition days and home visits.

Client Story

Alex is one of Alive Medical Service's pioneer clients. He resides in Mityana District, a neighbouring district of Kampala, and came to our clinic after marrying his wife who was already a patient at AMS. For the past 8 years, Alex has made the 42-mile journey from Mityana to Namuwongo to receive treatment in addition to, P&G packets to bring home to his family of 15 where they all benefit. Alex has been actively using P&G packets for the last 5 years. Prior to treating his water, Alex said that access to clean water at his home was incredibly hard to come by. Since using the P&G packets, not only has he saved money by not having to purchase firewood to boil water, he also has noticed a decline in home incidents of children getting burnt from the boiled water. Additionally, Alex testified that there have been very few incidences of diarrhoea in his family since using P&G packets. When he started treating his water at home, his neighbours became curious and came over to watch him. Alex shared his water, but when the people became too many, he gave them a demonstration and now collects additional P&G packets for him and his neighbours when he comes to AMS for care. Alex is a safe drinking water advocate and actively assists AMS in giving demonstrations and health talks on the days he comes to AMS for care.





Strategic Direction Two: Research, advocacy, and documentation

Promoting Research and Innovation

As an effort to grow as an organization, keep up with current trends in HIV/AIDS work and research, and to market the AMS brand nationally and internationally, AMS has focused on submitting abstracts for research conferences and grant applications for grants for research funding as well. In August 2016, we successfully submitted an abstract and presented a poster on achieving 90-90-

90 through community-based care at the Ministry of Health's Third Annual National Quality Improvement Conference. In September 2016, we successfully submitted a poster on Differentiated Care which promotes ARV Delivery to Children and Adolescents at AMS and attended the 8th Adolescent and Paediatric HIV and AIDS Conference.

Differentiated services for the youth

In our effort to ensure that we are not leaving anyone behind, we have continued to enforce differentiated care for the youth. AMS' integrated program for young people living with HIV focuses on prevention, increasing early diagnosis, youth treatment adherence, retention, and viral load suppression. AMS has continued to support Victors Club, a peer support group of 1,027 HIV-positive youths, that provides a sense of community and solidarity to youth living with HIV while providing mentorship and advice on HIV-specific difficulties. Particularly notable is AMS's partnership with KCA and Musicians Without Borders (MWB), in which youth were trained in music to increase mental well-being, retention, and adherence levels (described in more detail in section "O").

Overall, this program has benefitted 142 youth and children at AMS. Additionally, a few Victors Club members participated in a Storytelling Workshop hosted by KCA in which youth from KCA sites globally, including of AMS, learned about storytelling techniques through videography and social media in a week-long program. AMS was chosen as the site to host this workshop and it was a large success. The

youth from this workshop remain in touch through connections made during the workshop. In 2016, AMS' youth program gave particular focus to the following:

- Increasing youth-specific services
- Engaging and empowering more youth
- Strengthening collaborations
- Harnessing social media and advocacy

ABOVE: Youth from all KCA sites gathered in Uganda for a weeklong Story Telling workshop organized by our major partner, Keep a Child Alive in collaboration with Maisha Film Lab

BELOW: The youth trainees during the community music for community health project implemented in partnership with Musicians Without Borders



Arts and holistic approaches to 'wellness' into HIV care

In partnership with KCA and Musicians Without Borders (MWB), AMS brought "Community Music for Community Health" to our clinical efforts. Music has historically proven to aid in healing from traumatic events such as conflict and disease, and has been used as psychosocial therapy. In this program, trained music therapists and local musicians addressed the psychosocial support needs of young people and

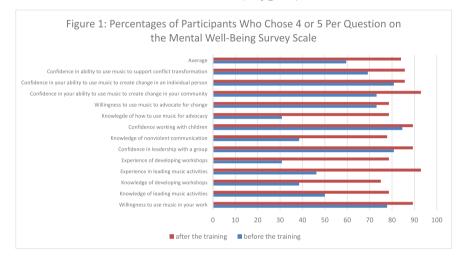
children living with HIV. The innovative programmatic approach included an ongoing mentoring program that teaches young people living with HIV about nonviolent and musical leadership methods to mentor younger children living with HIV. This was intended to retain children, young people, and families in HIV care, improving adherence, and fostering psychosocial wellbeing.



Youth. leaving no one behind.

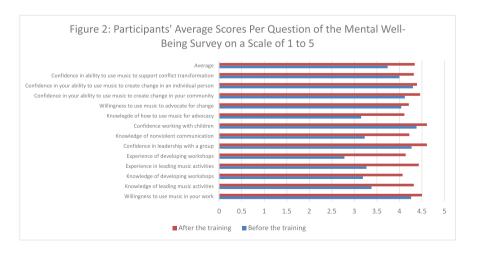
30 youth from AMS living with HIV participated, and after the first training, participants' mental well-being dramatically improved. A vetted qualitative survey was self-administered before and after the one-week training program. The scale asks participants to rate measures of positive feelings including confidence, knowledge, and initiative, on a scale of 1 to 5 where

4 represents experiencing the feeling often, and 5 represents experience the feeling all the time. Results showed that the percentage of participants who answered with a 4 or a 5 for questions on the scale increased from 59.53% to 84% in just one week, representing a 24.47% increase (See figure 1).



Additionally, the average rating across all questions increased from 3.74 before the training to 4.34 after the training, and each individual question's rating increased as well, including in knowledge of nonviolent communication, willingness to use music to advocate or change, confidence in ability to use music to support conflict (See figure 2).

The participants continue to practice music twice a month with local musicians and receive two major trainings per year from MWB. The trained participants then conduct music therapy for children when they visit AMS, and on Food Days and Children's Days. All participants' medication adherence and retention levels will continue to be analysed. Based on existing data, AMS predicts that music therapy will aid in the general well-beings and adherence and retention rates of participants. Participants also aim to eventually extend into the community to conduct music therapy work externally.



Taking the services to the community

Community outreaches and home-based care visits

In 2016, outreach efforts were bolstered with more Peer Educators trained, and more outreaches and visits conducted. In 2016 AMS conducted 3,272 community outreaches and home-based visits in 2016. These community outreaches included health information, education and communication, follow-up, sensitization, and mobilization which are provided by the AMS core community health workers and medical students and a group of 102 AMS Peer Educators (52 of which were trained in 2016), who are supervised by AMS clinical staff. Our focus was on bringing more children and adolescents in care.



Satellite outreach in a disadvantaged community

AMS continued to extend services to disadvantaged communities by providing 1 satellite outreach in the Nakuwadde community that served 140 orphan children. AMS also donated re-usable sanitary pads to the Kapeeka school girls, some of whom are clients. Additionally, AMS collectively donated 182 reusable sanitary pads to in St. Joseph Secondary School, Vvumba in Kyankwanzi district in partnership with ARUWE – Action for Rural Women's Empowerment, Health Promotion and Rights Watch- Uganda, 32 Alive Medical Services clients. The AMS "Know Your Child's Status" campaign extends out into these communities as well. We additionally mobilized an outreach with Children of Uganda that served 47 children, and served 229 children through an outreach with Hands for hope.

Youth. leaving no one behind.



Moonlight clinics to reach key populations

2016 was a year of focusing on the most disadvantaged, stigmatized, and high-risk populations to accelerate AMS' efforts in reaching UNAIDS 90-90-90 goals. In partnership with several key populations organisations, AMS conducted 2 moonlight clinics in 2016, reaching key populations such as sex workers among others. More than 60% of the clients served during these visits were youth. AMS outreach staff referred clients to appropriate resources during these visits, and continue to strengthen efforts to strategize on reaching more vulnerable populations.

Strategic Direction Three: Training and Capacity Building

Strengthening and expanding Income-generating activities

Over the past year, AMS continued to support and strengthen income-generating activities, including direct and indirect provision of skills and start-up capital for 31 groups supporting 1,545 participants. These groups focus on projects in animal husbandry, African jewellery making, handmade craft production, market vending and produce sales, savings and credit, gardening, poetry, song, and drama performances, and motorcycle transportation services.

Organic Gardening Groups

MS continued to support HIV-positive clients, including youth, in developing organic gardening skills, allowing them to grow produce for themselves and to sell for profit. Produce sales have added substantial profits to some clients' income. In 2016, 7 new gardens were established, now totaling 18 gardens. Over 2016, 1,400 portions of greens were produced by clients and purchased by AMS to distribute to clients in need during nutrition days. In this way, clients build resilience in each other to combat HIV/AIDS with AMS's support. 2016 ended with an annual Christmas gift to AMS from

the Kapeeka group consisting of produce and livestock that will be used to produce food for clients. Next year, the members of the Kapeeka group plan on transferring gardening skills to the clients in Mpuga Island in Lake Victoria who obtain services at AMS.



The Kibuli group registered produce sales of about \$602 in 2016 while the Kapeeka group registered produce sales of about \$1,103.

Bulamukwefaako Group

Bulamukwefaaka is the Kapeeka group's subgroup focused on managing finances. This group is involved in market vending, farming, and poetry, song, and dance performances. Members counsel one another regarding their illnesses and share a mutual bank account for loans. Clients show leadership among the AMS clientele through involvement in this group. In 2016, this group spearheaded the largest community-based ART pick-up program, which helped achieve more than 80% viral suppression among clients who received ART through it. Their businesses have also improved over 2016, especially as their gardens produced a surplus of vegetables.

Kwagalana Group

AMS continued to partner with the 100 Good Deeds Project to support the Kwagalana group, a group of women and youth that make and sell 100 Good Deeds bracelets. In 2016, the group fulfilled 6 orders and made a total of about USD 4,930. The Kwagalana group remained one of the best performing groups in the 100 Good Deeds program and the women were expected to save at least 10% of every sale. Members increased their financial support for one another by creating a revolving fund, through which they mobilized more capital and made larger investments. This members are some of the most active clients of AMS, 70% of them being Peer Educators. In mid-2016 however, their financial means decreased and currently they are searching for work opportunities and a one-time grant that would allow them to restart income-generation efforts.

Kisakye Group

Since February 2015, AMS has also supported Kisakye, a women's income-generating group that sews reusable sanitary pad kits called Super Kits which are sold in the local community or donated to clients and school girls in need. In 2016, the Rotary Club of WoyWoy, Australia made a donation that enabled the group to complete a production of 300 kits. These kits economically empower the tailors and help impoverished Ugandan women and school

girls to continue attending work and school during menstruation. In 2016, in addition to menstrual pads, they also received orders for other items including handbags for the KCA storytelling training and drum covers for Musicians Without Borders training. This resulted in extra income for the women of this group, and we continue to utilize them for other AMS activities that they can contribute to.

Tweyambe Group

AMS continued to support a large client-led psychosocial support and income-generating group called Tweyambe, made of men, women, and youth that support and mentor one another in income-generating efforts. They combine funds in a rotating fund that provides loans and thus is a financial safety net for members. In 2016, they received a Ugandan government grant of 5 million Ugandan Shillings to support their financial security efforts. Also, in 2016 members came together to work for an extremely sick member by producing bracelets and raising funds for her. This demonstrated the cohesiveness among group members and the value of each other's support.



ABOVE: AMS Client part of the Kisakye Income generating Group.

RIGHT: The Kapeeka Organic Gardening group



Community-based education and training site:

In 2016, AMS continued to provide mentorship and instruction as a community-based education and service site for medical students from various universities and institutions, nationally and internationally including Makerere University, Columbia University, and University of North Carolina. AMS also served as an attachment site for non-medical students (physicians, residents, specialists, etc) from institutions including Uganda Christian University, Kampala International University, International Health Sciences University, and Kyambogo University. Students in HIV counselling also train and intern at AMS. In total, AMS served as a training site for 152 volunteers, students, interns, and fellows in 2016. These partnerships increase AMS' capacity and manpower, enabling more trained caregivers to participate in community projects and outreaches and bringing a variety of skilled professionals into the organization.

Strategic Direction Four: Strategic Partnerships and Sustainability

Creating new partnerships while strengthening the old

Partnerships are what support the work of AMS every year. From partnerships with Microsoft, Musicians without Boarders, to the Pink Umbrella Foundation and Amadeus East Africa, the partnerships have kept growing in 2016.

Partnership with Musicians without Boarders: Community Music for Community Health

In addition to direct HIV support, AMS' comprehensive care includes psychosocial support. This prompted for the development of the *Community Music for Community Health* adolescents and youth project in partnership with Musicians Without Boarders(MWB) and Keep a Child Alive (KCA).

The project focuses on training young people as Community Music Leaders, capable of organizing and delivering community music workshops and activities for children in their own and other communities, in addition to facilitating music session workshops with newly enrolled youth. MwB works closely with local musicians and organizations, providing training in community music and non-violent communication, relationship building, and conflict resolution, as well as essential project organization and management skills. In Uganda, the MwB project is to run a pilot program for a year at AMS with a view, contingent on funding, of expanding to a three-year collaboration to replicate the Youth Music program model at AMS to two other clinical programs supported by KCA.



Partnership and Capacity Building with Microsoft:

In August 2016, AMS received two representatives of the Microsoft Team form the Netherlands; Bart Kieffer and Stef Hoeke. The Microsoft Team supported the AMS staff in capacity building of technology by installing and training staff in utilizing of the latest Windows10 applications to improve and ease clinical tasks, communications, and knowledge management.

Amadeus East Africa Gives back to our clients

Amadeus East Africa with their Sales Manager - Catherine Nambalirwa and a team of 15 members visited AMS in October 2016. The team donated food, drinks, and clothes to AMS that have since been given to our clients in critical need with sights of a longer partnership with us.



ABOVE: Stef Hoeke shows staff members how to manoeuvre the Office 365 applications like Sway, Microsoft OneNote, Microsoft Publisher, Yammer, Excel, among several others

INSET and BELOW: Caroline



The need: Resource Mobilization

Building of a Communications and Partnership Development Department:

In 2016, AMS continued to implement a new communications and resource mobilization plan as directed by the 2015-2019 strategic plan. The department of communications and partnership development strengthened as the first official pair of the Global Health Corps fellows whose roles fall solely under those functions, joined the staff in July 2016, and another fellow joined in October 2016. With the skills and ideas from this group of fellows, AMS continued using promotional materials to increase branding of AMS services, helping the local community become involved in resource mobilization through encouraging a culture of giving, and participating in an online fundraising through GlobalGiving. In 2016, AMS won multiple prizes for achieving the most amount in donations during various GlobalGiving campaign contests. AMS is continuing to strengthen relationships and build new partnerships through grants, proposals, and concept notes as often as possible.

Within communications, AMS developed a communications strategy focusing on social media, aimed at growing

within communications, AMS developed a communications strategy focusing on social media, aimed at growing online engagement, increasing online traffic to the website and social media platforms, and reaching new donors via web content and platforms. There were also capacity-building sessions, training staff on professional social media use as representatives of AMS.

These plans have allowed AMS to begin increasing community, national, and international knowledge, and recognition of AMS services while beginning to increase diversity and sustainability in the organization's funding makeup.

Financial Report

2016 highlights





Our Team

Dr. Pasquine. N. Ogunsanya

Executive Director

Dr. Elizabeth B. Kihika-Opio

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Head of Department Security

Our Partners

Provide Logos for:

- Ministry of Health in Uganda
- 2. Keep a Child Alive
- 3.
- Pink Umbrella Foundation
 The President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) 4.
- 5. P&G (Procter and Gamble)
- HisVision Foundation
- 6 7. **Musicians without Borders**
- DAK Foundation 8.
- Global Health Corps 9.
- Rotary Australia World Community Services Ltd (RAWCS) 10.
- 11. Medical Access
- Children's AIDS Fund 12.



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