

BISHOP MASEREKA CHRISTIAN FOUNDATION (BMCF)

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Kasese, Uganda

BMCF ANNUAL REPORT FOR THE YEAR ENDED 31st DECEMBER 2007.

The Bishop Masereka Christian Foundation has been in operation for the last six years. This Organisation was founded due to increased need to educate the community about the dangers of HIV / AIDS, to provide care, counselling to the HIV / AIDS patients, encourage them to live a positive and meaningful life, and to assist as many children as possible to live better lives through education.

Board of Directors of Bishop Masereka Christian Foundation.

1. Bishop Zebedee K. Masereka, Executive Director and Founder
2. Rev. Benson Baguma, Chairman
3. Mrs. Stella Masereka, Founder Member
4. Mr. Mwiruwabo James, Founder Member
5. Mr. Erifazi Bwambale, Founder Member
6. Mrs. Faith Thembo, Founder Member
7. Dr. Yusufu Baseka, Member
8. Miss Rose Kimanywenda, Member
9. Mr. Edigson Basanga, Member
10. Mr. Mose Lubangula, Member
11. Mr. Erastus Bukombi

Management

The Bishop Masereka Christian Foundation is managed through four major committees namely:

- The Executive Committee
- The Finance Committee
- The Education Committee and
- The Health Committee

These committees are supported by the US Board of Directors who have tirelessly solicited for funds for the Bishop Masereka Christian Foundation from the US churches, schools and individuals.

The US Board of Directors is comprised of the following members:

- Mr. Bob Baldwin
- Mrs. Judy Baldwin
- Rev. Marcia Davenport
- Mr. Jim Ellison
- Dr. Daniel Fort
- Rev. Alice Haynes

- Ms. Elisabeth Keller
- Dr. Tom Leaman
- Ms. Marcie Lipscomb

BMCF carries out three major activities

1. Scholarship program for orphaned children
2. Care for the sick (medication) through BMCF Clinic
 - Counselling
 - Home based care
 - Nutritional supplementation

3. Community education

Care for the sick / treatment of opportunistic infections

The Bishop Masereka Medical Centre has been operating for the last two and a half years. She has been able to effectively serve the community of Kasese town and beyond by offering the following services:

1. General medical care
2. Laboratory and diagnostic services
3. Voluntary Counselling and Testing
4. Management and prevention of sexually transmitted diseases and
5. Antenatal and child health care
6. Maternity services
7. Prenatal
8. Palliative care

And by mid – 2008 the Bishop Masereka Medical Centre hopes to have started immunisation, Adolescent health care, Home based RCT and VCT, open a mini – theatre, improve staffing and sustaining, start ART, thus widening the customer base.

TABLE SHOWING THE NUMBER OF PATIENTS SEEN JAN.2006-31ST DECEMBER 2007

MONTH	DISEASE CONDITION	AGE /SEX 0-5 YRS		6 & ABOVE		TOTALS
		MALE	FEMALE	MALE	FEMALE	
JANUARY	Malaria	34	28	41	59	162
	Epilepsy & other mental conditions	00	00	00	00	00
	Other conditions	92	112	76	124	404
FEBRUARY	Malaria	25	20	30	42	117
	Epilepsy & other mental conditions	00	00	00	00	00
	Other conditions	16	22	72	54	164
MARCH	Malaria	40	46	67	63	216
	Epilepsy & other mental conditions	00	00	02	00	02
	Other conditions	40	55	62	76	233
APRIL	Malaria	18	20	34	39	111
	Epilepsy & other mental conditions	00	00	00	01	01
	Other conditions	20	29	54	89	192
MAY	Malaria	28	30	45	41	144
	Epilepsy & other mental conditions	01	00	02	06	08
	Other conditions	44	45	72	117	278
JUNE	Malaria	58	34	54	107	253
	Epilepsy & other mental conditions	01	01	04	00	06
	Other conditions	72	79	126	182	459

JULY	Malaria	62	51	72	117	307
	Epilepsy & other mental conditions	02	01	04	07	14
	Other conditions	82	63	132	200	477
AUGUST	Malaria	55	32	62	75	224
	Epilepsy & other mental conditions	00	00	00	01	01
	Other conditions	60	37	78	161	336
SEPTEMBER	Malaria	36	47	38	45	166
	Epilepsy & other mental conditions	01	02	07	03	13
	Other conditions	64	86	116	170	436
OCTOBER	Malaria	43	52	22	56	173
	Epilepsy & other mental conditions	03	02	02	04	11
	Other conditions	84	100	124	155	463
NOVEMBER	Malaria	58	64	121	163	406
	Epilepsy & other mental conditions	02	01	04	01	08
	Other conditions	99	121	133	162	515
DECEMBER	Malaria	46	72	112	143	373
	Epilepsy & other mental conditions	01	00	03	02	06
	Other conditions	82	118	123	152	475
TOTALS		1,268	1,370	1,894	2,778	7,310

VCT- Voluntary Counselling and Testing

The Bishop Masereka Medical Centre has continued to offer VCT services to the communities of Kasese district through outreaches and on the static site.

Table showing VCT data for the year ended 31st December 2007

MONTH	F	M	POSITIVE		NEGATIVE		TOTAL		
			M	F	M	F	NEG	POS	GRAND TOTAL
JANUARY	44	47	10	15	37	29	66	25	91
FEBRUARY	29	35	05	05	30	24	54	10	64
MARCH	99	125	08	14	117	85	202	22	224
APRIL	130	136	07	10	129	120	249	17	266
MAY	122	123	10	20	113	102	215	30	245
JUNE	184	169	06	09	163	175	338	15	353
JULY	22	23	03	04	20	18	38	07	45

AUGUST	37	36	04	05	32	32	64	09	73
SEPTEMBER	177	173	02	05	171	172	343	07	350
OCTOBER	66	46	03	09	43	57	100	12	112
NOVEMBER	71	49	05	05	44	66	110	10	120
DECEMBER	63	51	02	07	49	56	105	09	114
TOTALS	1044	1013	65	108	948	936	1884	173	2057

Note: Given the details of the 2007 VCT results, the HIV / AIDS prevalence rate stands at 8.41% higher than the national prevalence that stood at 6.8% by the end of the year 2006.

Counselling

Counselling is offered to everyone who voluntarily tests for HIV / AIDS. To those who are found to be positive with HIV / AIDS, they are encouraged to live positive, productive lives and to join clients support meetings (once a week).

Support meetings are still organised in the following zones: Kiteso, Habitat, Kamulikwizi, Town centre, Nyakasanga and St. Paul. These centres (6) are around Kasese town but there are other 5 centres out of the town. These are: Kasanga, Kahendero, Muhokya and Rugendabara and Katunguru.

Due to increased demand for support meetings for PLWAs, there are three more zones that have been identified, these are: Maliba (bikone), Kigoro and Kyabarungira.

Counselling is also offered during home– to– home visits by the BMCF Counsellors. This helps improve the clients who have lost hope in life and also deals with the psycho socio aspect of the clients.

Also, Bishop Masereka Christian Foundation has actively participated in carrying out VCT outreaches other than waiting for people to come to the centre for testing. These outreaches have spread to schools where most BMCF beneficiaries go. Four schools were tested and with availability of testing kits, we will be able to go to the remaining schools this year. A total number of 273 students were tested.

Home based care / Palliative care

Currently Bishop Masereka Medical Centre has 401 registered clients. The counsellors are tasked with visitations to these clients. Each home is visited at least twice a month. However, there were only 5,358 visits made instead of 9,624 planned visits.

These visits have not been effected because the number of clients has continued to increase and yet the number of counsellors has remained the same.

Community education

With funding from Inter Religious Council Uganda, community education has been effective in ten Sub – counties of Kasese District. This has been done through community meetings, Radio talk shows, Video shows and Seminars in schools.

A total number of 68 community meetings have been conducted, 109 talk shows aired on local FM radio and 612 seminars conducted in schools in addition to 22 video shows.

Scholarship program

At the close of the year, Bishop Masereka Christian Foundation had 496 students enrolled in 102 primary and secondary schools in Kasese District and outside Kasese District.

By the end of the year, BMCF has seen over 670 students in schools and some of them have graduated in various disciplines despite the high school drop out that was experienced in the first three years.

Bishop Masereka has seen one student through university graduate with a Bachelor's degree in Information Technology (thanks to Phil Purdy and Sue Purdy). We have had others acquire certificates in Catering and Hospitality (4), five - secretarial studies, 6 grade three teachers, 2 - certificate in driving and mechanics. We hope we will see more students achieve bigger dreams as the project intensifies her programs and increases sensitisation in both schools and churches and further developing a personal relationship with the children.

Due to increased visitations and education of students in schools, retention levels of students has increased though some students still drop out due to various reasons. Also, much as BMCF has not been able to support her students at University / College due to high fees, some guardians have been supportive of the children under their care. Currently we have 5 students at various universities under private sponsorship courtesy of their family efforts. We also have three students at university under government sponsorship. Needless to say, we still have six students who qualified for university education and college but were not able to join because their families could not afford the tuition fees.

Illustration of the number of BMCF beneficiaries students as at 31st Dec. 2007

Level of Education			TOTALS
	Male	Female	
Primary	69	99	168
Age 5 - 12	34	55	89
Age 13 - 18	35	44	79
TOTAL	69	99	168
Secondary	169	157	326
Age 12 - 18	96	138	234
Age 18 - 23	73	14	92
TOTAL	169	157	326
Tertiary	2	7	9
TOTAL	2	7	9
PLE	16	17	31
TOTAL	16	17	31
UCE	32	52	84
TOTAL	32	52	84
S. 6	23	11	34
Drop out	Primary	Male	
		Female	1

	Secondary	Male	-
		Female	1
TOTAL Drop out			2

Summary of Additional Achievements

1. Bishop Masereka Medical Centre acquired a fully fledged maternity ward
2. The Medical Centre also recruited a full time medical Doctor
3. The Medical Centre has been able to offer a 24 hour full medical services
4. Scanning services have been introduced at the Medical Centre
5. Collaboration with Ministry of health has increased the financial support through PAF (Poverty Alleviation Fund)
6. The Foundation has been able to sustain 496 students in school.
7. BMCF has also been able to support more 100 students with scholastic materials with aid from Inter-Religious Council of Uganda.
8. Two of our students qualified for University Education on Government sponsorship and four (4) others are in various Universities on private sponsorship.
9. The fundraisings that were carried out by Bishop Zebedee and Stella Masereka in September through November 2007 in the US has also increased the income base of the foundation
10. Consolidation of the BMCF- US BOD was very significant in 2007
11. On the scholarship program a good number of the students have got personal sponsors (by the end of 2007 240 students had personal sponsors).

One of the dilemmas Kasese district continues to face is the high prevalence rate of HIV / AIDS. At the moment it stands at 8.41% higher than the 6.8% national prevalence. However, we are happy to note that the prevalence has lowered by 2% compared to the 2006 results assessed from the BMMC VCT department. The high prevalence rate puts the future of the district at risk and the burden of taking care of the helpless orphans on the extended family and the elderly grandparents who are less productive. This still poses a burden on organisations like BMCF for support for such vulnerable children.

Challenges and prayer requests.

1. The fact that BMMC does not administer ART, treatment of opportunistic diseases mainly with the regular drugs is not enough. If there were funds, possibly the Organisation would look into the possibility of assisting the clients with the anti – retro virals. This would check the high number of deaths being experienced amongst the clients, which also creates anxiety and trauma.
2. With the establishment of the medical centre – Bishop Masereka Medical Centre, there is need to equip this health unit to be able to offer specialised services to the communities of Kasese district.
3. Community Mobilisation is yet another challenge faced. The public does not want to be told about HIV / AIDS. They feel they have had enough of that talk and they want new things or they want to hear that a cure for HIV / AIDS has been found. Because of this, there has been an observed increase in the prevalence of HIV / AIDS and in Kasese district in particular.
4. Stigmatisation and discrimination is only written and mentioned but has not ceased. BMCF is working hard to address these issues. However, BMCF is mostly limited with funds to educate the communities from whom stigma and discrimination arise. Effective community AIDS education requires reliable funds.
5. The BMCF has been overwhelmed by orphans due to HIV / AIDS. And yet we are not in position to help everyone who comes to us with the need to be assisted.

6. It is costly for BMCF to track down their beneficiaries students in their homes and in about 102 primary and secondary schools with a small single vehicle. Given the terrain of Kasese District, there are some areas that would need more than what we have. There is need for a double cabin van which would be able to reach or get closer to the hard to reach areas.
7. Disintegration of families is yet another problem that is affecting our students. Some of our beneficiaries belong to families that have broken / split because of HIV / AIDS. This has often resulted in child headed families where the child head drops out of school to take charge of her siblings. This mostly affects the girl – child. There are a number of child headed families that badly require housing, or some repair on their houses. These children too have presented a need to be trained in cognitive skills so as they are able to sustain themselves.
8. It is not enough that BMCF is paying school fees for vulnerable orphaned children. The children's needs go beyond fees, a book and a pen. Some students who have been benefiting are dropping out of school because they do not have school uniforms, shoes and other scholastic materials. And in the case of girls, it might be because she has failed to get someone who can buy her sanitary pads and other small items that the community may look at as negligible but are vital in the children's lives.
9. With continuous increase in school fee in various schools, BMCF has not been able to meet full tuition fees for some of her students and because of this, students continue to drop out of school when they fail to get someone to top what BMCF is able to give them at the end of every term.
10. University / College / Tertiary education has proved costly and yet the number of our beneficiaries qualifying for these institutions has more than doubled. This has heightened the post secondary drop out rate since BMCF has failed to source enough support for higher institutions of learning.
11. As a growing Organisation, we lack space in which to offer the various services outlined above and also lack funds to acquire more structures for rent or to acquire land and construct structures of our own.
12. BMCF Staff require a reliable source of funding for the monthly remuneration.

Gratitude

1. The US Churches and individuals that have tirelessly got involved in Fundraising drives to ensure that the sick and vulnerable children regain hope and self-worth. We owe our continued support to: - St. Luke's Mechanicsburg, PA, St. Luke's Altoona, PA, St. John's Carlisle, PA, St. John's York, PA, All Saints' Church, Hershey, PA, St. John's Church, Lancaster, PA, St. Thomas, Lancaster, PA, St. Stephen's Cathedral, Harrisburg, PA, and over 100 individuals supporters from the Diocese of Pennsylvania and other US Dioceses.
2. The Jubilee Ministry of the Diocese of Massachusetts for support for BMCF with funds for tuition fees.
3. St. John's Church, Tampa, FL for supporting up to 87 students in primary and secondary schools.
4. The US Board of Directors for publicising BMCF abroad, fundraising and guidance towards the management of BMCF Uganda.
5. The Staff of BMCF and BMMC for their tireless efforts in trying to make a difference in peoples lives.
6. Church of Uganda and Inter religious Council of Uganda.

Bishop Zebedee K. Masereka
 Executive Director
 Bishop Masereka Christian Foundation.