

HEALTH
INITIATIVES
ASSOCIATION



ANNUAL
REPORT

2020

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
CPHL	Central Public Health Laboratories
DHO	District Health Officer
EID	Early Infant Diagnoses
EMTCT	Elimination of Mother to Child Transmission
HC	Health Centre
HCT	HIV Counselling and Testing
HIA	Health Initiatives Association
HIV	Human Immunodeficiency Virus
HR	Human Resources
IAC	Intensive Adherence Counselling
IGA	Income Generating Activities
INH	Isoniazid
IPC	Infection Prevention Control
JMS	Joint Medical Store
MUWRP	Makerere University Walter Reed Project
OI	Opportunistic Infection
OPD	Out Patient Department
OVC	Orphaned and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PCAU	Palliative Care Association Uganda
PLWHA	People Living with HIV/AIDS
PR	Public relations
RDC	Resident District Commissioner
QI	Quality Improvement
STI	Sexually Transmitted Infection
TB	Tuberculosis
UCBHCA	Uganda Community Based Health Care Association
VL	Viral Load
VSLA	Village Saving and Loan Association



Reflexion from Board Member

The 2020 was a very special year for me: not because of the Covid-19 pandemic, but because of one anniversary: I have been coming to Uganda for 10 years. The reason for this is "The John Paul II. HIV/AIDS Clinic in Buikwe-Lubanyi". Since 2012, it went through tremendous changes. HIA started in rented premises, consisting of 3 rooms, back-yard and latrines, and moved on to own plot that embraced several buildings - the clinic building, administration and community hall in 2016. Then came the playground offering fun to children when coming for an appointment or preventive program. The next year, a beautiful garden was planted at the entrance with bamboo gazebo, for relax in shade. Up the slope, it continued with educational garden abounding with local plants and trees. In 2018, the construction of residential premises took place. In 2020, the construction of maternity ward commenced. This was the last step of HIA to become a fully operational Health Center III. When I look back, I can see many blessings of our Heavenly Father: we have been able to provide comprehensive care to 728 HIV/AIDS clients, 102 chronic patients and palliative care patients since the very beginning. What makes me very grateful is that thanks to our partners, HIA can also support education - thus offering the youth a better starting point. Individual approach to 139 students in wide range of schools (from primary education to capacity building of our employees) has been possible thanks to HIA in Slovakia since the beginning. Thanks to Caritas Slovakia, we are able to support additional 600 daily students.

I give thanks and say daily prayers so that through our hands the Almighty God may spread his Love and give his abundant blessings to the people of beautiful Uganda.



Silvia Manduchova, Board Member



Dr. Barbara Silharova, Executive Director

Message from Executive Director

Year 2020 was an enormous lesson for the entire team of Health Initiatives Association due to the COVID-19 pandemics. The team learnt how to improvise and how to adapt to frequent changes of the situation and plans. The common effort was to stand in the light of our mission and to serve even in this difficult time to those who are most in need. Some of our preventive services among children and adolescents went to the background because of the lockdown and social distancing rules. However, the cooperation between the clinical department and social work department improved tremendously due to the unfavourable COVID-19 era. Our social workers delivered the drugs to the patients who were not able to commute to the clinic because of the public transport restrictions. And clinical team worked together with social workers on delivering the service to the bedridden clients. This teamwork was visible on low number of lost to follow up clients and in good retention rates of HIV clients throughout the pandemics.

The influence of the pandemics was remarkable, but did not freeze our plans for developments and dynamic progress. The HIV program adopted the new HIV/ART guidelines 2020, optimisation of the old-fashioned regimens was escalated towards the end of the year. Despite the high proportion of children and adolescents in care, HIA reached finally our set target of 90% of viral load suppression among HIV clients on December 2020. Social program has increased the number of beneficiaries for the education support by more than 300 in one single year. The administration department worked hard to keep the pace with the strategic plan and the construction of the maternity wing started in 2020 as well. The work of HIA team was blessed throughout 2020 and we pray that we can continue to offer good quality services and kind humane attitude to this community in the next coming years.

1. Introduction

Health Initiatives Association was registered as a Local Non-Governmental Organisation on the 19th April 2013 by National Board of Non-Governmental Organisations under number 9826.

It is a private not for profit organisation. HIA operates mostly in Buikwe District in Central Uganda with the headquarters at John Paul II. Clinic in Lubanyi village. However, there are partnership programs in the districts of Luuka, Ngora and Mukono.

The comprehensive care offered at John Paul II. Clinic covers medical services with preventive measures and program for orphaned and vulnerable children. The care for HIV clients is offered completely for free.

Vision

To be a centre of excellence in healthcare and social services

Mission

To provide high quality healthcare, education support and other social services for sustainable community transformation

Goal

Transformed community through provision of comprehensive services by competent professionals in a safe and friendly environment

Values

Teamwork, Hardworking, Competence, Integrity, Commitment



2. Key achievements 2020

HIV/AIDS services: 100 enrolled HIV clients in 2020, 554 active HIV clients, 90.8% of VL suppression

100

enrolled HIV clients

Laboratory: Viral load samples 735, 713 people tested for HIV -53 HIV were positive, 268 tests for hepatitis B - 18 positive

90.8%

VL suppression

OVC program: 671 households with 2285 OVCs in care, 723 beneficiaries received education support, 10 elderly beneficiaries

2285

OVCs in care

522

OPD attendances per month

55

Sickle cell program clients

Other clinical services:

In average 522 OPD attendances per month (new and reattendances), Sickle cell program 55 clients - out of these 9 are on hydroxyurea treatment, ultrasound services in average 31 clients per month

723

beneficiaries of education support



3. Clinical services

John Paul II. clinic is located in Lubanyi village, Buikwe Town Council, Buikwe District, Central Uganda. The clinic is officially a Health Centre III level recognised by the Ministry of Health in Uganda.

Comprehensive HIV/AIDS care- John Paul II HIV Clinic

Our free comprehensive HIV/ART care includes: HIV care, ART provision, OI treatment, laboratory tests, counselling, nutrition support, psychosocial and spiritual support.

100

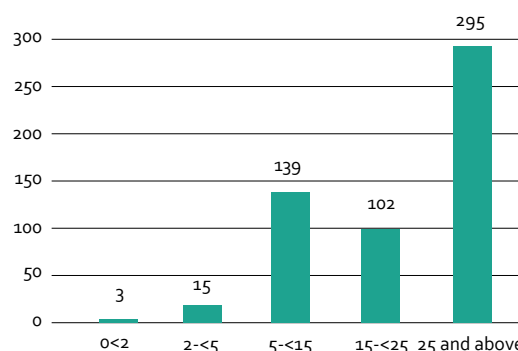
clients enrolled to HIV program

728

clients registered in pre-ART register

100 clients were enrolled to HIV program in 2020, at the end of the year there were 728 clients in pre-ART register. Out of this number 554 clients are active. 47% are children and young people below the age of 25 years. All active clients are on antiretroviral treatment apart of one child who is on drug holiday (see chart No. 1).

Chart No. 1.: Age distribution of active HIV positive clients at the end of 2019



Viral load suppression rate: Year 2020 was breakthrough year in viral load suppression. After years of struggles, bringing new innovative method to deal with failing clients especially adolescents and children, we have finally reached 90% of clients’ suppression rate. Despite the fact that in the middle of the year we have fallen almost to 86% due to the lockdown, restriction of the transport which led to the accumulation of clients on intensive adherence counselling. However, with the great effort of the counsellor and entire team we have reached 90.8% at the end of 2020. Now our aim is to reach 95% and to sustain this suppression rate.

Table No. 1: Viral suppression among different age groups of HIA clients and comparison with national average (Source: Uganda Viral Load Dashboard, CPHL and HIA’s electronic database)

% of VL suppression among age groups	Number of VL tests/age group	VL more than 1000 copies	VL not detected	% of effective VL suppression Target 95%
Less than 5 years	15	4	11	73.3%
5-14 years	135	15	120	88.9%
15-24 years	89	14	75	84.3%
25-49 years	216	11	205	94.9%
50 years and above	53	3	50	94.3%
All ages	508	47	461	90.8%

In 2020 there were 7 clients transferred out, 12 clients were dropped, 6 clients passed away and 4 clients were lost to follow up.

25
mobile clinic
outreaches

In 2020 there were conducted 25 mobile HIV clinic outreaches in Najja, where we offer HIV/ART services to 86 HIV positive clients.

TB services: 68 sputum samples were examined- 9 came out positive, 15 patients initiated an antituberculous treatment, 34 clients initiated on Isoniazid Preventive treatment - at the end of 2020 96% of HIV positive active clients either completed or started IPT.

EMTCT: In 2020 there were 46 active EMTCT mothers and 39 active exposed children. In 2020 we tested positive only 3 exposed infants, unfortunately their mothers came from private clinics, where there was not testing during the antenatal visits, the children were born with no intervention against the transmission of HIV virus done. All three were enrolled and started on ARVs immediately. On the other hand, we are happy, that we have discharged 21 HIV negative infants from EMTCT program in 2020.

68

sputum samples
- 9 were positive

728

clients registered
in pre-ART register

46

active EMTCT
mothers

711

HIV tests done
- 53 HIV positive

Pharmacy: the supply chain management system for HIV commodities including ARVs and lab reagents went through national transition process in 2020. HIA as a private non for profit organisation was transitioned from MAUL to JMS stores. Unfortunately, JMS is not providing the drugs for opportunistic infections and only basic laboratory commodities, which has influenced the budgeting process heavily. Antimalarial supplies as for example Coartem, Artesunate, and rapid malaria tests are currently obtained for free under the umbrella of Uganda Community Based Health Care Association.

Laboratory: HIV testing services 711 (53 HIV positive), CD4 282, viral load samples 735, malaria microscopy 1 275 (302 positive).

Counselling: was overstretched with intensive adherence counselling sessions, and supportive adherence sessions especially after lockdown. Many clients restarted the sessions afresh. Also, the psychosocial support of children and adolescents suddenly out of school added to the heavy workload. The interruption of school led to more challenges e.g. unexpected pregnancies, sexual experimenting, depression and rioting behaviour.



Non HIV related medical services

HIA offers to the surrounding community high quality and really affordable **OPD services**. Number of new OPD attendances apart of HIV and chronic care clients was in average 230 clients per month. All attendances were in average 522 per month.

Sickle cell program is progressing in quality and quantity as well. Currently the program has 55 beneficiaries out of which 9 are on hydroxyurea treatment. Prof. Zdenek Racil together with Mr. Martin Zidlik started new foundation Suubo in the Czech Republic to boost the sickle cell program funding, especially the costs of hydroxyurea treatment.

55 beneficiaries of sickle cell program	522 OPD attendances per month	276 tests for hepatitis B - 18 came out positive	31 ultrasound services clients per month
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Immunisation program is present at HIA. The low numbers were also influenced by lockdown, but have again stabilised towards the end of the year. The main challenge is still frequent damage of the old-fashioned fridge, which is supposed to store the vaccines.

It is estimated that 10% of Uganda population is infected with **hepatitis B virus**. HIA offers screening, diagnosis, immunisation and monitoring of already infected clients. The viral load samples for hepatitis B are handled in collaboration with CPHL. In 2020 HIA tested 276 people for hepatitis B virus and in 18 cases the diagnosis was confirmed. The immunisation against hepatitis B virus is also available.

Ultrasound services are available every Friday. Majority of indications are antenatal abdominal scans. Availability of the ultrasound services contributes greatly toward a better quality of offered antenatal services. In average we had 31 clients per month.



4. Reactions of HIA to COVID-19

This part of annual report used to be dedicated to preventive programs of HIA. Because of the COVID-19 preventive measures reassuring social distancing, all of these programs were banned in March 2020, therefore instead we describe the happenings at HIA during the COVID-19 era. Before the first Coronavirus case was confirmed in Uganda, HIA already implemented some of the WHO recommendations. Handwashing jerry cans with disinfectants were installed at each entrance, the face masks were mandatory for both, patients and health workers. After the 1st confirmed case in Uganda the management committee passed these resolutions for proper infection control procedures.

Infection control procedures:

- **Screening** for Coronavirus symptoms at the gate (body temperature, questions addressed to reveal the symptoms)
- **Triage:** people with possible symptoms waited in a tent outside of the premises
- **Hand washing:** handwashing jerry can available at each entry point
- **Hand sanitiser** given to the departments and to each staff member
- **Face mask** mandatory for staff members and patients as well
- **Social distancing:** clients waiting for the services sat 2 metres apart at the veranda, in the tent and in the hut, they were asked to enter the premises only for the time of physical check-up, phlebotomy or other contact requiring services
- Stable clients were given **multidrug refill**, the ARVs were prepacked, fast track drug refills were handled outside and clients from far were called to refill at nearby HIV clinics
- **Proper cleaning** of the premises was secured by increased usage of disinfectant
- **All preventive programs were temporarily stopped** (Youth corner, Preventive program for children, School health talks, Outreaches)
- **Notice boards** displayed basic information about Coronavirus and preventive measures in English and in Luganda
- Intensive adherence counselling sessions were postponed until after the release of transport restrictions
- Laboratory tests were done only for emergency clients



Challenges faced

At the beginning the adaptation process was not easy as the fear of unknown influenced some of the staff members as well as clients. However, with rational approach of the management we were able to face the following challenges:

- 1. Transport restrictions:** Some of the employees had a challenge to commute to the work as the taxis and motorbikes were stopped from operation. Majority of the team walked to work, some of them even despite long distance, to serve the community. Thanks to good relationship with RDC, car and motorbikes of HIA were given a permit to be driven. On the side of the patients, it was very difficult because some of them are from very far and were not able to reach the facility. The clinical team together with social workers were able to improvise, to prepare for them drug refills in black polythene bags and social workers were delivering the drugs directly to those clients. Even mobile clinic in Najja was handled as fast truck drug refill centre for that time of strict lockdown.
- 2. Temporarily we had higher number of lost to follow up clients** as they were not able to reach the clinic and their phone contacts were not going through. Some of them were from the islands so we were not able to track them because of the transport restrictions.
- 3. Intensive adherence counselling sessions for failing clients were interrupted.** Some of the clients were with very poor adherence and after the release of the lockdown they started IAC round afresh. This brought us to postpone some clients from repeating the VL sample and to the accumulation of the failing clients with poor quantitative outcome of VL suppression in the middle of the year 2020.
- 4. The finance and administration director got stuck in Slovakia** for 8 months due to the restriction of air transport.
- 5. Increased cases of depression, escape tendencies, sexual experimenting** were handled by the team. Majority of those appeared due to idleness of children and adolescent during the COVID-19 holiday. The strict lockdown and the closure of schools had enormous effect on the mental health of the clients.
- 6. Unexpectedly higher expenses** due to increased consumption of sanitiser, disinfectants, purchase of face masks and gloves and other protective gears, more human resources for the screening and triage, thermometer guns.

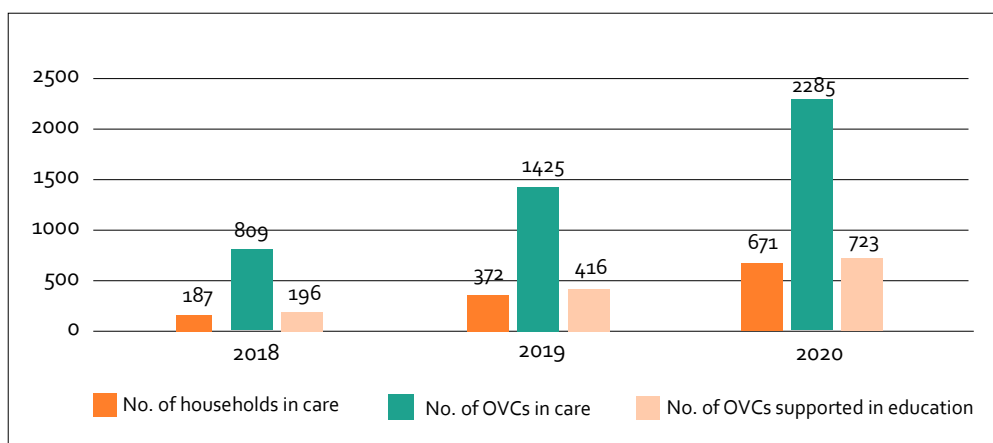


5. OVC program

HIA OVC program continued to grow in 2020 despite the pandemics. This is mostly due to the support of Caritas Slovakia and their donation program. Numbers of supported children have almost doubled since previous year.

The main focus of HIA still lies in **supporting the education and health**, but we are active also in other programmatic areas of social work. OVC department follows the guidelines of the Ministry of Gender, Labour and Social development and submits the OVC MIS reports on quarterly basis to the probation officer Buikwe District. The implementing partner for Buikwe District in this field is MUWRP and has its own reporting templates which are more focused on PEPFAR indicators. In 2020 MUWRP introduced to HIA Tracker system for easier reporting. However, frequent failures of the system and internet connection problem remain the challenge.

Chart No. 2.: Growth of OVC services from 2018 to 2020



In 2020 HIA had 671 households within its care with 2285 OVC supported. The effective outcome of the work of OVC department is due to the great efforts of HIA team and support of our partners: Caritas Slovakia, HIA in Slovakia and MUWRP.

671

households in care

2285

OVCs supported

1218

packages distributed to supported children

In 2020 a lot of community activities were put on hold. The students went to school only in the first trimester. In March schools were closed and our social workers were mostly helping the clinical department in reaching HIV positive clients with their drug refills. However, children supported in education through our partners were supported two times (instead of second and third term) with a package that comprised of 10kg of posho, 2kg of beans, 2kg of sugar, 2kg of rice, 1l cooking oil, salt, bathing soap, washing soap, tooth paste, jelly, 2 hardcover books, 12 exercise books, pens and pencils, crayons, self-study materials based on their current class. The logistics of preparing the packages and then the distribution was quite difficult to keep the preventive measures but the team was able to handle the distribution of 576 packages in August and 642 packages in November. 36 candidates were supported to join the school in November for the second trimester.

1. HIA in Slovakia

In 2020, there were 89 direct beneficiaries sponsored either in education or in social welfare through the individual sponsors in Slovakia (50 primary school students, 14 secondary school students, 16 students at institutions, 8 students at university level and 1 beneficiary for social welfare). We have graduated two of the beneficiaries from Malongwe technical institute, they have also received a start-up kit. Two of our university students were supposed to finish their studies, but because of COVID-19, their final exams were postponed to 2021.

Support of the **specialised medical care** is covered from special fund collected in Slovakia through individual sponsors, percentage of the paid taxes and through charitable events. These are mostly cases in need of physiotherapy, surgery, special treatment for the various oncology cases, purchase of wheelchairs, crutches and other prosthetic aids and powdered milk for infants in need.

10

beneficiaries in elderly program

Elderly program

Distribution of monthly food and sanitation package for the most vulnerable elderly people from the community started in December 2018. So far there are 10 beneficiaries enrolled in this program. Apart from food, they also receive free medical care and first of all a feeling that someone cares for them.

89

beneficiaries in education or social welfare

50

primary school students

14

secondary school students



2. Caritas Slovakia

In 2020 HIA received **three grants** from Caritas Slovakia. The first one was for the purchase of drugs and laboratory reagents for vulnerable children from the community. The second grant supported 200 families during the COVID-19 lockdown with a basic nutrition package (10kg of posho, 2kg of beans, 2kg of sugar and salt). The third grant was awarded for the financial coverage of the medication of the HIV positive children and for the purchase of two X-ray film viewers for the clinical department.

Child sponsorship under Caritas Slovakia has a constantly growing curve. In 2020 we supported 400 students in 1st term, 500 students in 2nd term and 600 students in 3rd term. As it was already mentioned, children received the package of self-study materials with school requirements, food items and sanitation basic kit instead of second and third term school fees. Good quality cooperation and will to help from both partnering sides makes this program to be one of the biggest achievements considering the impact on the community.

HIA OVC shelter was really busy in 2020. It is because the schools were closed and the children who used to stay there only for the holiday time were residing there fulltime since March 2020. In total 19 children were supported to live at OVC shelter in 2020. The funding of the food, sanitation and the caretaker of OVC shelter are covered by Caritas Slovakia.

3. Makerere University Walter Reed Project

- 1644 home visits done
- 32 apprenticeships for out of school youth
- 14 VSLAs supervised
- 480 households awarded with seeds for gardening or animals for animal husbandry
- 69 adolescents joined treatment club meetings to help them support adherence
- 400 face masks were procured for clients
- Collaboration with 4 clinics to address poor adherence and lost clients matters. 258 lost clients were followed up and brought back to care and 261 failing clients received support for intensive adherence sessions.



6. HR and PR

HIA team in 2020 consisted of 20 local employees, Executive and Finance Directors from Slovakia, 5 service providers, 2 volunteers and 2 expert clients.

The Capacity Building is a key for the continual growth of the quality of offered services. 16 CME lessons were presented by the HIA staff at our board room in 2020 under continuous professional development program. The staff had three important on site trainings in 2020: Consolidated HIV/AIDS Guidelines 2020, COVID-19 IPC training, Assisted partner notification training. The executive director participated actively on Zoom online meetings for 3rd line switch. Eight members of HIA team were supported in their further education on tertiary level to upgrade their knowledge. Two were supposed to graduate in 2020, but this was postponed because of COVID-19 challenges.

Quality Improvement Committee is active and consists of 8 members. In 2020 two QI Journal were active under periodical revision of QI committee. We have finally reached 90% of viral load suppression, which is documented also in one of those QI journals. Other journal for the optimisation of the regimens in paediatric clients was opened in 2020 targeting smooth and effective optimisation processes.

The quality of work at HIA is guaranteed also by a frequent support supervision visits by our partners, mostly the District Health Management Team and MUWRP team.

PR: Annual report for 2019 represented our services. The Facebook page is used mostly for sharing news and updates. The website is available to anyone, who is requiring more information. A nice short video about the HIA's achievements was also displayed on Facebook page. Unfortunately, because of the COVID-19 challenges and restrictions of gatherings, there were no charitable activities in Slovakia towards the end of 2020.



7. Partners

HIA has several partners from abroad and Uganda (see table 2). The main donors from Slovakia are St. Elizabeth University of Health and Social Work, Caritas Slovakia and Health Initiatives Association in Slovakia. Implementing partner Makerere University Walter Reed Project in Uganda supports the OVC program mostly. New partner on board prepared to support the sickle cell disease program is Suubo foundation from the Czech Republic. There are other partners, who cover the services which HIA doesn't provide, but we can link the clients to them. Identifying of new partners is still ongoing.

Table No. 2: Partners in 2020:

St. Elizabeth University of Health and Social Work

Funding of medical program

Health Initiatives Association in Slovakia and individual sponsors

Partial funding of OVC program and IGA activities

Caritas Slovakia

Child sponsorship program for 600 OVCs, 3 grants

MUWRP

Partial support of OVC program

Suubo

Sickle cell disease program

Local Government Buikwe, DHO, DEO, Probation office

Support supervision and guidance, recommendations, data collection tools, Probation office - OVC issues

Ministry of Health Uganda

Various licenses, data collection tools, strategic plans, EIC materials

JMS

Procurement and Supply Chain Management of HIV commodities

UCBHCA

Umbrella organisation, Antimalarial commodities

CPHL

EID strengthening, Viral Load samples

PCAU

Rolling out palliative care program in Buikwe

ESET

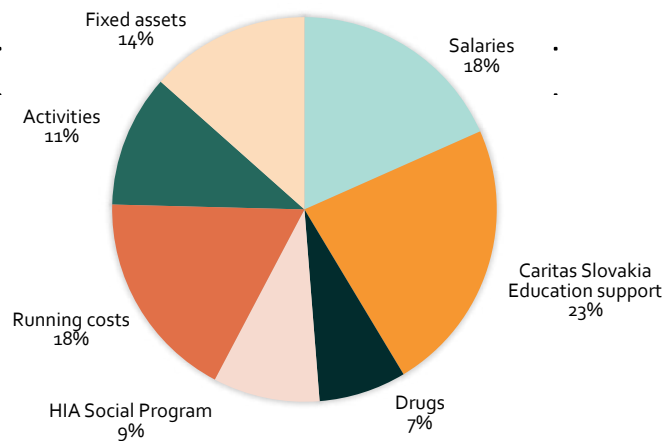
Antivirus system- licences for free

8. Finances

Expenses in 2020 reached 1.1 bn UGX out of budgeted 1.25 bn. This was caused by closure of schools in March and stopping of community activities due COVID-19. However, we were able to maintain all staff throughout lockdown and even start new infrastructure projects, mainly construction of maternity ward and renovation of clinic premises.

Total expenses in 2020: **1.098.146.761 UGX**

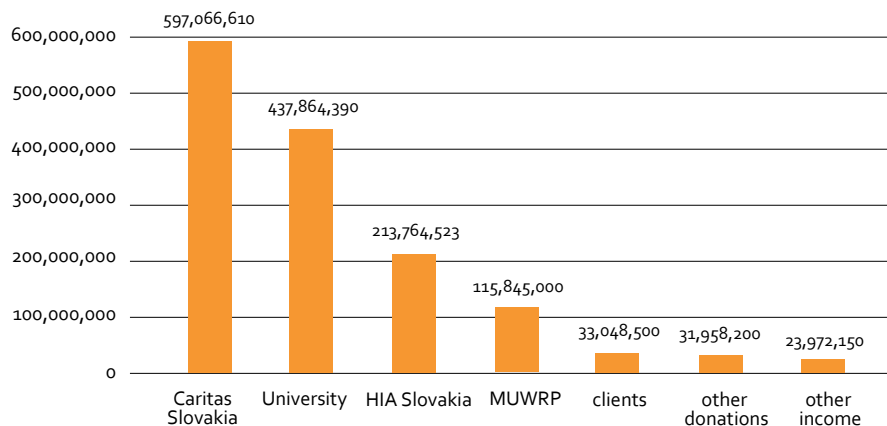
Chart No.3.: Distribution of expenses by categories



Incomes in 2020 almost reached 1.5bn UGX, mostly due to significant rise from Caritas Slovakia which supported us throughout COVID-19 restrains with welfare packages and study materials for all schooling children and with enhancing our health centre with new maternity ward. University of St. Elizabeth remained the strongest partner in running activities, while funds from HIA Slovakia and MUWRP were drastically hindered by closed schools and by closure of most community activities. Our own Incomes reached 57 million UGX what covered almost 15 % of our running costs of 395 million UGX.

Total incomes in 2020: **1.453.519.373 UGX**

Chart No.4.: Distribution of incomes by donors



9. Future plans

The plans of HIA are guided by the strategic plan 2020-2024. However, plans are proposed to fit the mission of the organisation. Adaptation and amendments are done on regular basis to fit the current situation. All plans from the last annual reports were achieved or are implemented. Only the plan to bring more volunteers and interns did not come true because of COVID-19, so it was postponed to the next year.

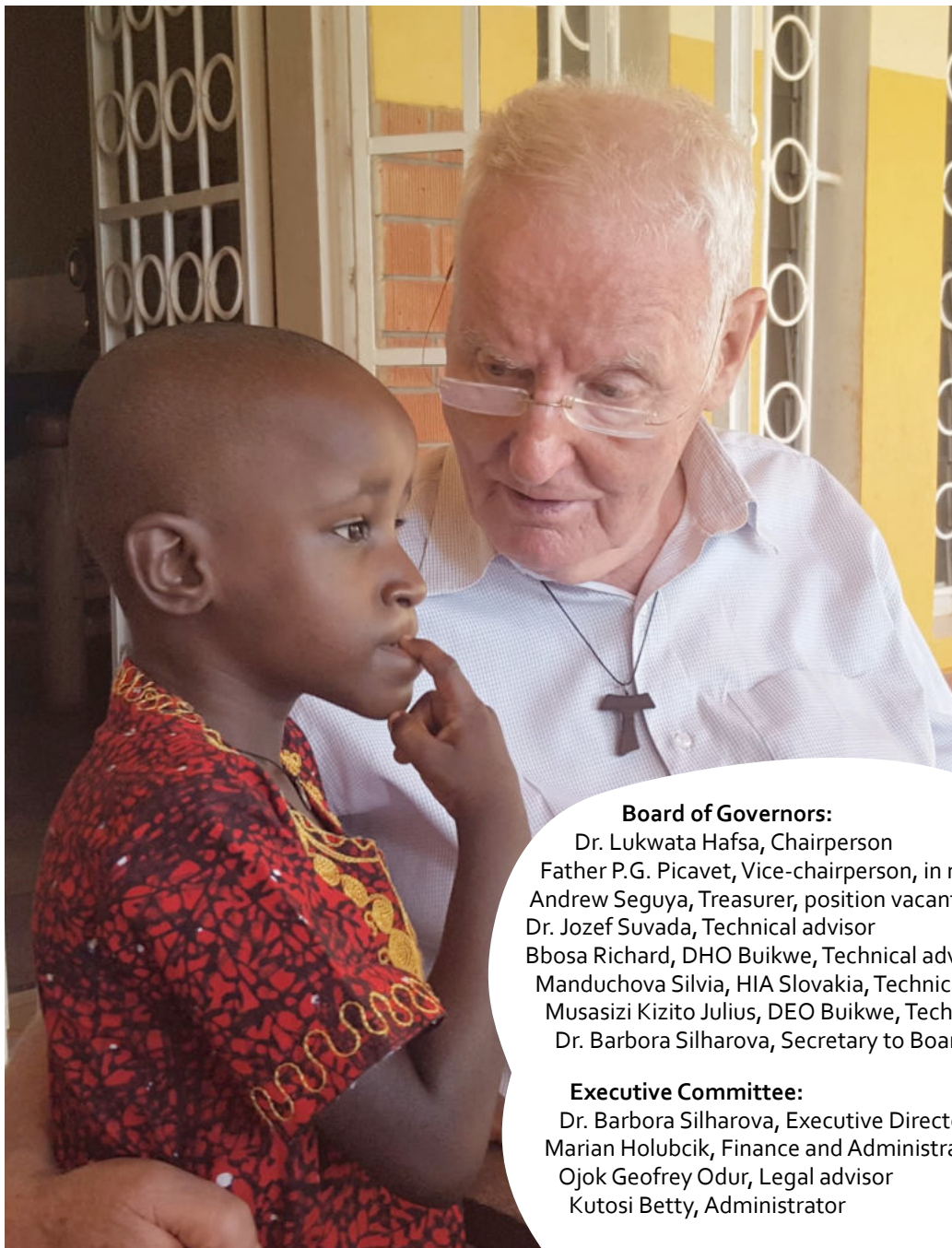
List of plans to focus on in 2021:

- Construction of maternity wing
- To open the setting for 24/7 services
- To find a sustainable mode of financing for the maternity services
- To secure the human resources for the maternity services and night shifts
- 900 beneficiaries supported with education with focus on surrounding community
- To revise the constitution, financial manual and organogram
- To increase financial sustainability through investments and income generating projects
- To reach 95% of viral load suppression
- Volunteers and interns
- New partners



10. Governance and administration

On a sad note, HIA lost one of the most resourceful persons from the governance. Father Peter Gerard Picavet passed away in September 2020. He was the member of HIA family, with rich experiences and knowledge from non-governmental sector, he was the one who guided us through valuable advices, networking and kind reminders. Let his soul remain in eternal peace. The board of governors was still able to meet on the 21st February 2020. But the Annual General Meeting was postponed, because of COVID-19 restriction until the 6th November 2020. The minutes of meetings and resolutions are available at the office. Later on, also Mr. Andrew Seguya resigned from his position of Treasurer of the Board of Governors as his family issues required his full presence in different part of Uganda.




Father P.G. Picavet, Vice-chairperson, in memoriam

Board of Governors:

Dr. Lukwata Hafsa, Chairperson
Father P.G. Picavet, Vice-chairperson, in memoriam
Andrew Seguya, Treasurer, position vacant
Dr. Jozef Suvada, Technical advisor
Bbosa Richard, DHO Buikwe, Technical advisor
Manduchova Silvia, HIA Slovakia, Technical advisor
Musasizi Kizito Julius, DEO Buikwe, Technical advisor
Dr. Barbora Silharova, Secretary to Board of Governors

Executive Committee:

Dr. Barbora Silharova, Executive Director
Marian Holubcik, Finance and Administration Director
Ojok Geoffrey Odur, Legal advisor
Kutosi Betty, Administrator

The background of the page is a vibrant, stylized illustration of tropical foliage. It features large, dark green leaves with prominent veins, some with lighter green or orange spots. There are several bright orange circles representing oranges or lemons. A single white flower with five petals and a yellow center is positioned in the lower right quadrant. The overall color palette is warm and natural, dominated by greens, oranges, and whites.

Annual report 2020
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