

**BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION-UGANDA**



**2017-2018**  
**ANNUAL REPORT**





**Memorable:** US Congress Delegation during their visit to Baylor-Uganda Centre of Excellence in Mulago on 16<sup>th</sup> August, 2017. Seated third right is the US Ambassador in Uganda, Deborah Malac and fifth right (seated) is the Minister of Health, Dr. Jane Ruth Aceng.



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# Our Mission, Vision and Core Values

## Our Vision:

A healthy and fulfilled life for every HIV infected and affected child and their family in Africa.

## Our Mission:

To provide high-quality, family-centred pediatric and adolescent health care, education and clinical research worldwide.

## About Us:

Baylor-Uganda is an indigenous not-for-profit child health and development organization affiliated with the Baylor International Pediatric AIDS Initiative (BIPAI), a network of pediatric HIV care and treatment Children's Clinical Centers of Excellence and international program offices in 11 countries in Africa, Eastern Europe, and North America. Since its establishment in 2003, Baylor-Uganda has provided integrated, high quality and high impact HIV/AIDS care and treatment in more than 400 health facilities across Uganda.

## Our Scope of Work:

These operations are carried out at the Centre of Excellence (COE) and the Post Natal Clinic both located at Mulago Hospital Complex. We also support 141 Health Facilities in the eight districts of Rwenzori region, especially those government funded facilities where access to pediatric and family centred HIV/AIDS services are largely constrained.

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## Our Values

| Care | Accountability | Excellence | Innovation | Teamwork | Loyalty |
|------|----------------|------------|------------|----------|---------|
|      |                |            |            |          |         |

**BAYLOR-UGANDA**  
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June 2018



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Member

## List of Acronyms

|         |  |
|---------|--|
| ANC     | Antenatal Care   |
| APN     | Assisted Partner Notification                              |
| ART     | Anti-Retroviral Therapy                                    |
| BIPAI   | Baylor International Paediatric AIDS Initiative            |
| CAP     | College of American Pathologists                           |
| CBO     | Community Based Organisation                               |
| CCLAD   | Community Client Led ART Delivery                          |
| CDC     | Centres for Diseases Control                               |
| CHAI    | Clinton Health Access Initiative                           |
| CHBC    | Community Home Based Care                                  |
| COE     | Centre of Excellence                                       |
| CSO     | Civil Society Organisation                                 |
| DTU     | District Technical Unit                                    |
| EID     | Early Infant Diagnosis                                     |
| eMTCT   | Elimination of Mother to Child Transmission                |
| FPRRH   | Fort Portal Regional Referral Hospital                     |
| GBV     | Gender Based Violence                                      |
| HF      | Health Facility  |
| HCT     | HIV Counselling and Testing                                |
| HPTN    | The HIV Prevention Trials Network                          |
| HTS     | HIV Testing Services                                       |
| IBC     | Inter-Bureau Coalition                                     |
| IMAM    | Integrated Management of Accute Malnutrition               |
| KMC     | Kangaroo Mother Care                                       |
| KP      | Key Populations  |
| MARPS   | Most at Risk Populations                                   |
| MOH     | Ministry of Health   |
| NACS    | Nutrition Assessment Counselling and Support               |
| NICU    | Neonatal Intensive Care Unit                               |
| OVC     | Orphans and other Vulnerable Children                      |
| PITC    | Provider Initiated Testing and Counselling                 |
| PLHIV   | People Living with HIV and AIDS                            |
| PMTCT   | Prevention of Mother to Child Transmission                 |
| PP      | Priority Populations                                       |
| QI      | Quality Improvement  |
| RCT     | Routine Counselling and Testing                            |
| SMGL    | Saving Mothers Giving Life                                 |
| STI     | Sexually Transmitted Infections                            |
| UNICEF  | United Nations Children's Emergency Fund                   |
| VHT     | Village Health Team  |
| VMMC    | Voluntary Medical Male Circumcision                        |
| WHO     | World Health Organisation                                  |
| WONETHA | Women's Organisation for Network for Human Rights Advocacy |



## Acknowledgments:

We are deeply indebted to many partners and stakeholders who in one way or the other have made it possible first for us to achieve and most importantly for the successful production of this Annual Report.

We acknowledge the generous support from the Government of Uganda, the American people through Centres for Diseases Control and Prevention (CDC), UNICEF, National Institute of Health (NIH), ELMA Foundation, Comic Relief, Abbot Fund, Every Mother Counts, Swedish Research Council and Karolinska Institute, Drugs for Neglected Diseases Initiative (DNDi), Clinton Health Access Initiative (CHAI), PEPAL, Medical Research Council (UK), BIPAI, Baylor College of Medicine, Texas Children's Hospital, Bristol Myers Squibb and American Foundation for Children with AIDS.

*US Ambassador in Uganda, Deborah Malac with Bundibugyo youth choir*

## Chairman's Message



**T**he existence of Baylor-Uganda for the last 10 years has not only strengthened our collaboration, but continues to provide strategic direction to the partnership.

As a Board, we have continuously witnessed the evolution of pediatric HIV care and treatment including commitment to its elimination. Our research portfolio is continuing to grow and influence the quality of care we provide to our clients nationally and internationally.

We have strategically engaged, supported and challenged each other to deliver quality comprehensive family centred services to the communities. During the last financial year, we witnessed the growth of our new service line, haematology and oncology services for children, at the Uganda Cancer Institute. We applaud all those that have effected this collaboration that has changed the face of pediatric cancer and blood diseases in Uganda. We are hopeful that through the training of more specialists many more children will be served.

I applaud management for the achievement registered in the Saving Mothers Giving Life project. The final results released mid-year was another landmark that showed that partnerships can help to achieve some of the sustainable development goals in Uganda. We commit to promote the best practices to improve maternal and neonatal health outcomes.

Regarding HIV/AIDS, we are more than convinced that we are on the right track to epidemic control through of our mission; "To provide high quality family centred paediatric and adolescent healthcare, education and clinical research worldwide. This Mission inspires us daily to stretch our energy to the breaking limits until Uganda pronounces zero new HIV infections. I recommend this Annual Report to all our stakeholders. It is a scorecard that we are happy to share with you. We welcome your comments because through feedback, we shall truly reflect on our strengths and weaknesses.

As a Board, we are greatly indebted to all our partners, notable among them the Uganda Government, through the Ministry of Health, for giving us the opportunity to support the health sector, especially on HIV/TB Prevention, Care and Treatment and maternal, new-born health. We are deeply grateful to the American people through PEPFAR/CDC, BIPAI, Texas Children's Hospital and many more. We could not have registered these glorious milestones without your support. We still require your support as we are in the final bend of defeating the AIDS scourge on the face of the earth and yet to achieve the sustainable development goals as a country. Every effort must be galvanised for the final dash to the finish line.

On behalf of the Baylor-Uganda Board of Directors, I would like to reiterate our commitment to support the Baylor-Uganda senior management and staff to fulfil our Vision and Mission.

A handwritten signature in black ink, appearing to be 'M. Mizwa'.

**Michael B. Mizwa**  
Chairman, Board of Directors,  
Baylor College of Medicine Children's Foundation-Uganda

Senior Vice President, Chief Operating Officer,  
Baylor International Pediatric AIDS Initiative



## Executive Director's Message



**O**n behalf of the Board, Senior Management and on my own behalf, I take this opportunity to thank all our partners and stakeholders for entrusting Baylor-Uganda with resources and opportunities to contribute to the fight against HIV/AIDS and expand access to care and treatment for children with cancer and blood diseases and maternal and newborn health care. We are particularly humbled with the feedback we are receiving from the Government of Uganda, our Main Funder the US Government through CDC/PEPFAR and the Local Governments where we work. I also thank the local leadership that have again trusted us to support them in surveillance and response preparedness to ensure that the deadly Ebola disease does not cross our border in the Rwenzori region. Your support and commendation motivates us to strive for even better results and re-affirm our motto “**Service Above and Beyond.**”

This Annual Report is a scorecard of how much ground we covered in the Financial Year 2017/2018. It also gives a summary of some outcomes of the five year SNAPS-West and Saving Mothers Giving Life (SMGL) projects.

We are further energized that we won another five year CDC/PEPFAR grant, ACE-Fort project that started on 1<sup>st</sup> April 2018. As the Prime Recipient of this grant, we are excited to work with two con-

sortium members: the Inter Bureau Coalition (IBC), representing all faith based organizations, Women's Organisation Network for Human Rights Advocacy (WONETHA) that add their unique perspectives to ending the HIV epidemic.

This Annual Report also marks another Landmark transition, the end of the strategic plan 2013-2018. Our 2018-2023 strategic plan is an ambitious plan that will see us roll out a business approach to programming to ensure sustainability within the framework of a non-governmental organization. This calls for change in our management style both at individual and institutional levels. Our commitment to our clients remains supreme and we shall go out of our way to look for that child, adolescent, mother or couple who need to be brought to care for us to be able to achieve our mission.

This year our research unit realized a threefold increase in the number of research programmes with concurrent staff development opportunities to match the growth. We welcome more collaborations and partnerships to widen our research agenda in order to inform national and global policy. Our laboratory maintained its College of American Pathologists (CAP) accreditation on the fifth round of appraisal and therefore continues to attract researchers to use the facility. For those in academia, we welcome collaborative research for better use of this facility.

Our National Pediatric and Adolescent HIV/AIDS/TB Call Centre which was launched in December 2015 has now even a bigger mandate of not only supporting health workers with vital information on HIV/AIDS/TB but also supporting the Voluntary Male Medical Circumcision campaigns as well as the new government policy of Test and Treat.

Lastly, I wish to thank all our Board members for their dedication and commitment to the service of our country; for good governance lies at the heart of all successful organisations. To the team, I applaud all of you and entrust you to maintain good leadership at all levels, because leadership is the lifeblood of any organization.

A handwritten signature in blue ink, appearing to read 'A.R. Kekitiinwa'.

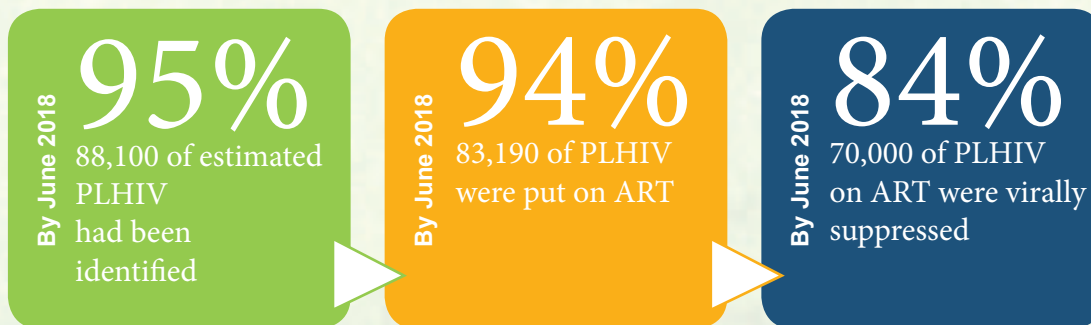
Prof. Adeodata R. Kekitiinwa  
Associate Clinical Professor  
EXECUTIVE DIRECTOR

# Baylor-Uganda at a Glance

## Facts and Figures

- ❖ Runs the largest single pediatric HIV and AIDS care and treatment clinic in Africa accounting for nearly 26% of all the children in care in Uganda.
- ❖ Runs a CAP Accredited laboratory at the COE and also supports best practice for laboratories in the field.
- ❖ Refurbished 7 lab hubs in Rwenzori region with 2 star accreditation.
- ❖ Supporting **141** Health Facilities in the eight districts of Rwenzori sub-region.
- ❖ A total of **92,356** clients under care
- ❖ The only Implementing Partner in Uganda to have hosted the American Congress Delegation of 20 people in 2017

### Our Last Mile towards elimination of HIV/ AIDS by 2030



#### COE Clients

**8,166** % on ART 99.8%

**1,688** OVCs Served

#### Rwenzori Region

**83,190** PLHIV are on ART.

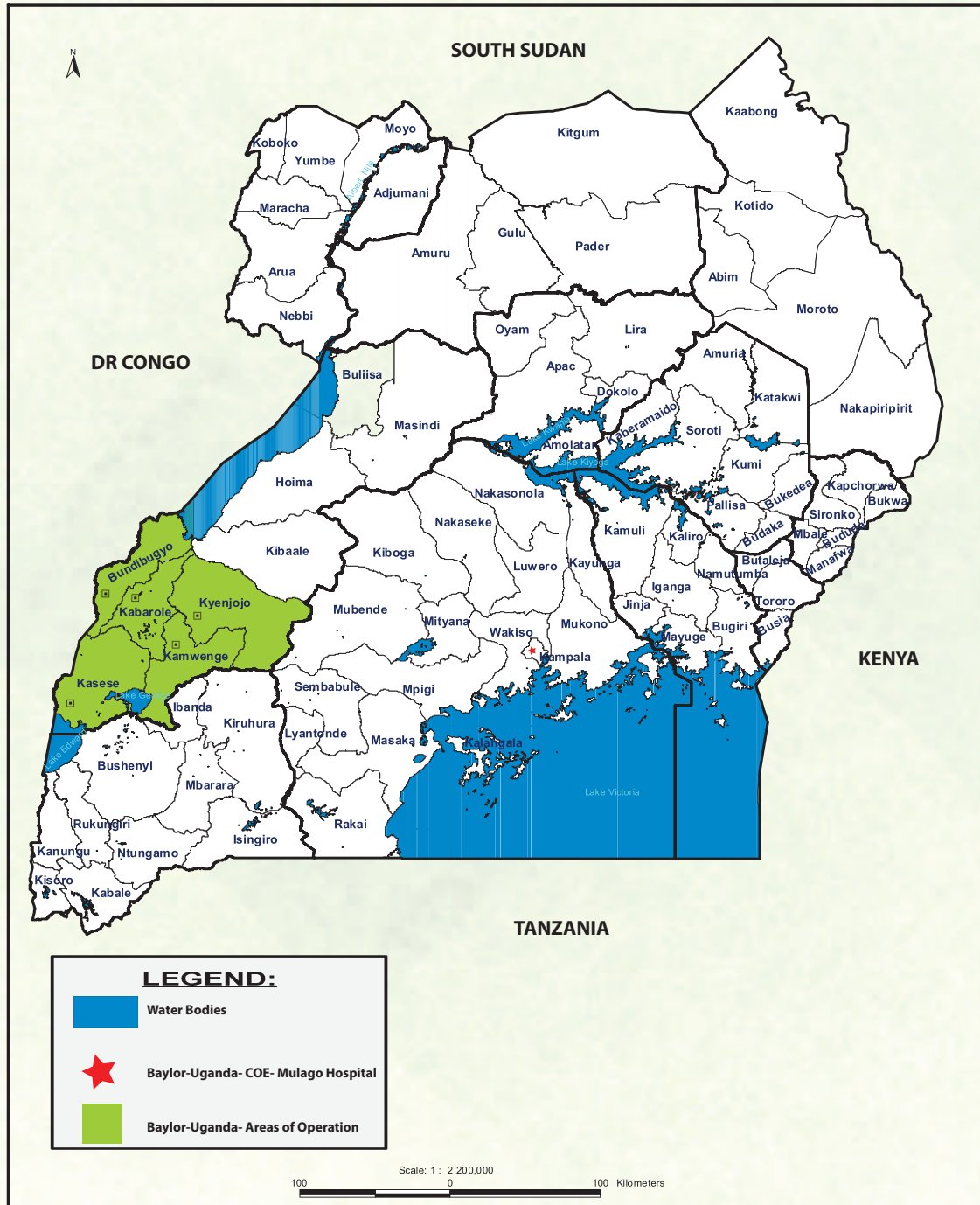
**42,705** Received VMMC

**32,699** OVCs served

*Baylor-Uganda Team at the Rotary Kampala Cancer Run*



## Map of Uganda showing Baylor-Uganda areas of Operations



# BAYLOR-UGANDA CENTRE OF EXCELLENCE

Board Chairman-Michael Mizwa (L), Dr. Addy (C) with Prof. David Poplack Director Global Hematology-Oncology Programme at the Makerere University, during the Honary PhD award for Poplack in 2018.



**D**uring the reporting period, we channelled our efforts towards reaching the new UNAIDS 95-95-95 targets. A total of 8, 166 clients were enrolled. In line with the 1st UNAIDS goal where at least 95% of PLHIV should know their status, we set out to test 5, 148 clients however this target was over achieved by 202% (12, 485) mainly because we scaled up *know your child's HIV status* campaign in the community and in the era of test and treat fewer children are now being born with HIV.

Overall 505 clients tested HIV positive showing a yield of 4% (505/ 12, 485) although this was 66% of the numbers

hoped to be identified (770). Among the clients who are on ART, only 86% of them have been adherent above 95% which was comparable to the viral suppression rate of 87%.

**Of the 8, 166 clients in care 188 of them were diagnosed with both HIV and TB giving a TB prevalence of 2.3% and all were prescribed anti- tuberculosis drugs.**

Orphans and vulnerable children (OVC) continue to be identified and in total 1, 127 of them with their eligible family members were supported with education, child protection support, economic strengthening, skills building and psychosocial support.

## SUCCESS STORY

Ouma (not real name) was 10 years old when the clinic staff noticed his viral load was not suppressed for over 4 years despite adherence counselling with him and his parents. With such a viral load it was a matter of time that he would die of AIDS. Ouma sadly stopped coming to the clinic and efforts to trace him in the community were futile so he was declared lost to follow up.

Seven years later Ouma walked back to the COE clinic. He had given up on life because his parents abandoned him at 14 years and he lived on the streets of Kampala and had stopped taking his ARVs. On his return to the COE now aged 17, Ouma was sick, thin, feeble and depressed.

We successfully traced his mother who was in a new marriage and Ouma's step dad had banned him from their home because he did not want to feed another man's child. Nobody knows the whereabouts of Ouma's father todate.

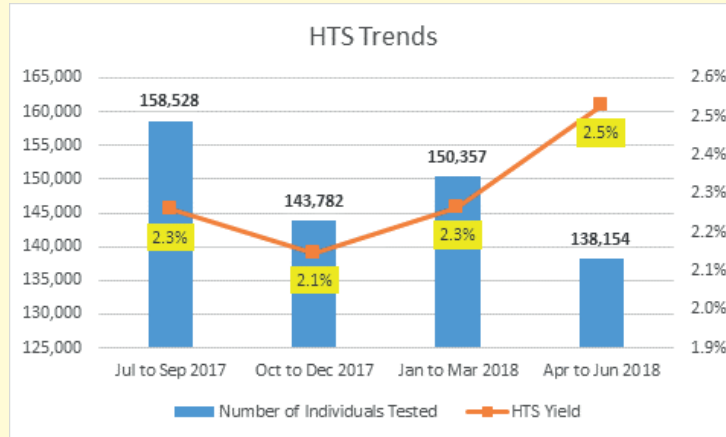
His mother, without any formal education or a job depended on her new husband for a living and she had asked Ouma to go fend for himself. No foster home was willing to take on Ouma because he was aged 17. Baylor-Uganda worked with the child protection unit under the orphans and vulnerable children's support and Ouma's mother was counselled. She accepted to take care of him.

Ouma's ARV regimen was changed and several months later he has made it. He is now active and happy with himself, he recently attended a beauty pageant organized by the Uganda Network of Young people living with HIV. "The beauty pageant was the best day of my life. It gave me hope and a belief that I will not die soon." Said a cheerful Ouma. He is now 18 years old. He has a fully paid-up apprenticeship training in car mechanics and is eager to start a new life. He is living a healthy and fulfilled life.

# PREVENTION

## 1. HIV Testing Services

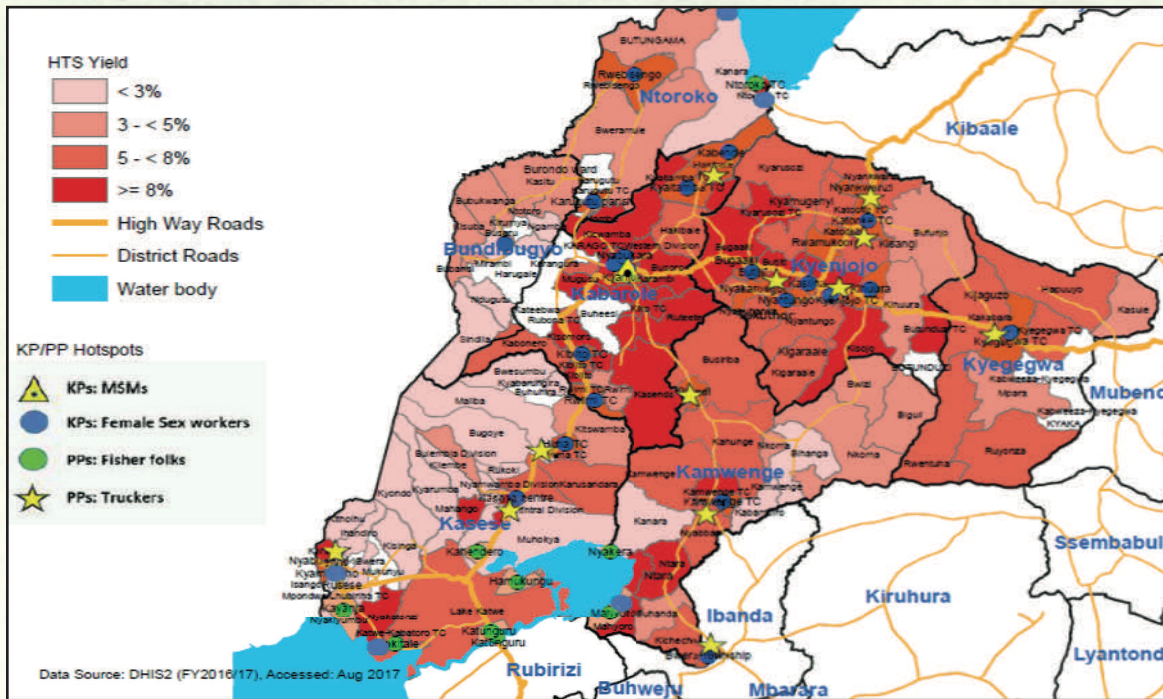
- Trends in volume tested and yield July 2017 to June 2018



Following implementation of targeted testing, the volume of individuals tested for HIV has gradually reduced and overtime HTS yield improved from 2.1% in Q2 to 2.5% in

Q4. This achievement was attributed to use of eligibility screening tools at site level and moonlight testing clinics targeting female sex workers and other KPs.

### - HTS yield in Fort Portal region by subcounty



HTS yield was highest in the subcounties along the; highways, major border townships of Kasese and Bundibugyo and along the shores of Lake Albert in Ntoroko and Lake George and

Edward in Kasese and Kamwenge. These areas also have the highest number of KP/PP hotspots.

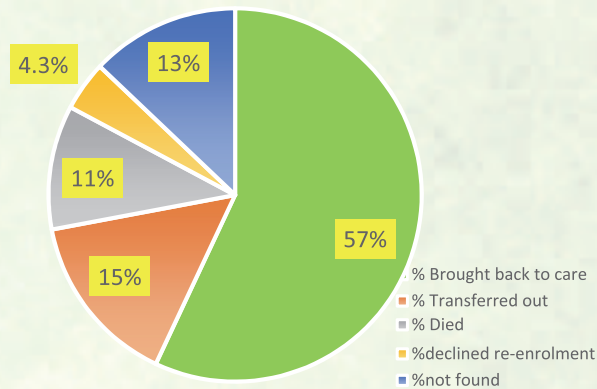
**- Reducing the gap on the 1st 95 by introduction and scale up of Assisted Partner Notification (APN).**

The HTS unit set out to reduce the gap on the 1<sup>st</sup> 95 by expanding implementation of assisted partner notification (APN). During the July-September 2017 quarter, a team of Baylor-Uganda officers travelled to Kiboga district on a quality improvement learning trip to understand how 7 ART pilot sites implemented partner services in HIV care. It became clear that the entry point into partner services was the newly diagnosed HIV positive client and thereafter, a trained health worker supported the newly diagnosed HIV positive client to elicit all their sexual partners in the last 12 months. Pilot results showed a yield of 32%-an indication that partner services increased both uptake of HIV testing services and yield. Following the QI visit, in December 2017, Baylor-Uganda introduced APN services in Kyegegwa district in form targeting six pilot sites; actual site level implementation began in January 2018 and continued until March 2018. At the end of the January-March 2018, overall yield from the six pilot sites in Kyegegwa was 33% (similar to yield in the Kiboga pilot).

The Kiboga pilot results informed the MoH APN training guidelines and by March 2018, a curriculum for training health workers in APN had been developed. At the end of the quarter April-June 2018, 86/131 sites had capacity to provide APN services to eligible clients; monthly site level data showed a yield of >28% among sexual partners that tested for HIV. Of the 2015 HIV positive clients identified in the April-June 2018 quarter, 296 were identified through the APN modality translating to 15% of all new positives (Target is 30%). Because of this high yield from APN, the project has embarked on rolling out APN to scale across all 131 ART sites in the Fort Portal region.

**2. EMTCT and EID achievements**

**Finding the lost HIV exposed infants through implementation of the Bring Back Mother-Baby campaign.**



The MoH introduced the Bring Back Mother-Baby campaign in January 2018 as a strategy to improve retention of mother-baby pairs. Midwives in Kyenjojo and Kyegegwa district were trained on how to line list all lost HIV exposed infants in their respective cohorts. Among selected health facilities, 57% of lost infants followed up were brought back to care, 15% were transferred out and 11% had died. Following implementation of this initiative, 57% of infants that were initially reported as lost were re-engaged in care and their HIV status confirmed.

**3. VMMC.**

As part of the efforts geared towards realization of epidemic control in the country through accelerated provision of both preventive and treatment services, the Baylor-Uganda

VMMC program continues to contribute significantly to this cause through provision of a comprehensive VMMC service package. By July 2018, 25,947 males were offered circumcision contributing to the realization of the Fort Portal regional COP 17 VMMC target at about 105% all these were vaccinated against Tetanus prior to circumcision.

24,553 circumcised clients (95%) were followed up at least once during 14 days post-operatively as recommended by MOH. All clients turning up for circumcision were screened for STIs of which all 44 who were found to have STIs were treated. 20663 clients who turned up for VMMC were counseled and tested for HIV of which, 57 clients tested HIV positive and were linked to care.

Of all clients circumcised, 9 clients experienced severe adverse events representing an occurrence rate of 0.00034% way below MOH AE occurrence expectation. All these were locally managed by trained and experienced service providers. To ensure that VMMC program remains on course with utmost quality in both data and service provision, VMMC quality assurance officers, VMMC data officers and VMMC health educators were brought on board to offer technical oversight to the regional VMMC teams.

**4. KP and PP achievements**

Baylor-Uganda continues to Implement the ACE-FORT project in partnership with WONETHA, Kabarole Women Health support Initiative and Kasese women Health support Initiative for comprehensive HIV prevention for Key population since April 2018

Baylor-Uganda's strategy is to achieve the National HIV Prevention goal of reducing new HIV infections under the guidance of Uganda AIDS Commission and the Goal is to contribute to reduction of new HIV infection among Key & priority population within the 8 district of Rwenzori region

Using a peer led approach we estimated to reach 4814 Female Sex workers (FSW), from 3 districts of Kabarole, Kasese and Kamwenge through working with CBOs (Kabarole women health support initiative and Kasese women health support initiative), and WONETHA .

However, working with WONETHA, we covered all the remaining five districts and extend service delivery to mainly sex workers and Men who have sex with men (MSM)

**Major achievements:**

Re mapped old KP hotspots and new ones in all the eight district of Fort portal region. The process is ongoing to enable a more efficient approach of providing targeted services to Key populations

- Conducted inception meeting for WONETHA in two districts
- Contacted stakeholder meeting for orientation of WONETHA in the districts and also with the other regional based CBO
- Working with Health Facilities mobilisation of HTS was done and conducted HTS
- Mobilised, referred KP for PrEP in the three HF providing

PrEP which are Kagote HC 111, Kibiito HC1V and Rwimi HC111

- New positives were linked to care
- Condoms distributed for prevention
- While working with Fort portal Municipal council in Kabarole district we operationalised the knowledge room targeting trucker drivers and their partners which was commissioned by the Mayor of the Division at Fort portal municipal council
- Identification and training of FSW peers was done who support follow up of all clients testing HIV positive and those missing appointments
- Conducted safe space meetings for FSW and MSM
- Established new 8 condom distribution points in communities
- Working with human rights lawyers, we have been able to resolve police cases of FSW who were rounded up by police.

While at COE more than 577 KP have been reached between July to sept and 61 were new positives and 59 linked to care


**Challenges:**

- Arresting of KP which disrupts service delivery
- Limited supply of STI medicine which increases risks of HIV infection
- Morbidity of KP looking for business
- Heavy Rains sometimes disrupts out reaches

**PrEP**

Overall, 103 KPs/PPs (FSWs, MSMs and discordant couples) testing HIV negative received PrEP in Kagote HCIII translating to 51% of their annual target while 47 KPs/PPs received PrEP in Kibiito HCIV. The suboptimal performance in Kibiito was as a result of shortage of HIV test kits at the end of February and beginning of March 2018. Three negative discordant partners in Kibiito HCIV were not eligible for PrEP as their partners were on ART and had achieved viral suppression.

| Accredited PrEP site | Number screened | Number eligible for PrEP | Number initiated on PrEP (TDF/FTC) |
|----------------------|-----------------|--------------------------|------------------------------------|
| Kagote               | 103             | 103                      | 103                                |
| Kibiito              | 47              | 42                       | 42                                 |
| Total                | 147             | 145                      | 145                                |

A woman in a blue dress is carrying a large bundle of sticks on her head. She is looking towards the camera. The background is a lush green field.

← *Lazeri washing utensils in her home in Kighoro village, Kasese.*

#### **TB SUCCESS STORY FROM KASESE CLUSTER-**

Kabugho Lazeri is a 20-year old mother of a 5-year male child. She is a resident of Kighoro, Rukoki sub-county Kasese district in Western Uganda. Lazeri tested HIV positive at Rukoki H/C III in April 2016 and was started on treatment. One month later, Lazeri was noted to have missed her follow up appointment to check how she was doing on the live saving medicine. Lazeri was later noted to have relocated to Bushenyi-Mitooma to stay with the father of her child.

After a follow-up was made, it was confirmed that Lazeri was getting her treatment from Mitooma H/C. However, it was a big shock to the health workers of Rukoki H/C III when Lazeri was brought at Rukoki H/C III in May 2017 bedridden. Lazeri could barely talk, eat, stand, sit nor move any part of her body. She had lost weight terribly. It was discovered that for all the time Lazeri was with her husband in Bushenyi, she did not take any treatment.

Lazeri was re-initiated on ART and assessed for TB using the TB screening tool. She was suspected to have TB so. Sputum was taken off to be examined and found to have Lazeri was referred and admitted at Kilembe hospital but because her parents are too poor to stay in a hospital, they had to leave Kilembe hospital and go back home. Health workers at Rukoki H/C III got to know about this after two weeks.

**Lazeri was started on TB drugs alongside Antiretroviral treatment and management of other illnesses. By this time, Lazeri's mid upper arm circumference was in RED and she weighed 34kg, all indications of severe malnutrition.**

Three months later (late October 2017), the Baylor-Uganda Kasese cluster team led by the cluster head visited Lazeri. She had shifted from Kasika village where her family had taken her to die and be buried to Kighoro village where she had been given a small shelter to live by distant family friends. The Kasese cluster team members were excited to find Lazeri much better and going about doing her own housework.

Lazeri adheres well to her clinic appointments and her treatment and her health has continuously improved over time. In January this year, Lazeri made six months on treatment. She was bled for viral load and impressively Lazeri has suppressed viral-load and the virus cannot be detected.

Lazeri also finished both her intensive and continuation phases for her TB treatment in January 2018 and her sputum tested TB negative. She is grateful to Baylor-Uganda for saving her life.

#### **TB:**

By the end of June, 2018, the total number of PLHIV on ART in Fort Portal region was 89,727. Of these, 83,637(93%) were screened for TB, out of which, 238 (0.28%) were diagnosed with TB. The number of PLHIV on ART, started on TB treatment was 310(130%)

Baylor-Uganda team in collaboration with the district TB and Leprosy Supervisors, carried out targeted TB/ HIV mentorship and technical support to DTUs.

A total of 433 health workers from 118 health facilities have been trained. We have also supplied 20,000 sputum containers, replenished cartridges and paper for printing of genexpert results, as well as supporting accurate quantification, timely ordering, reporting and re-distribution of TB medicines to minimize stock outs.





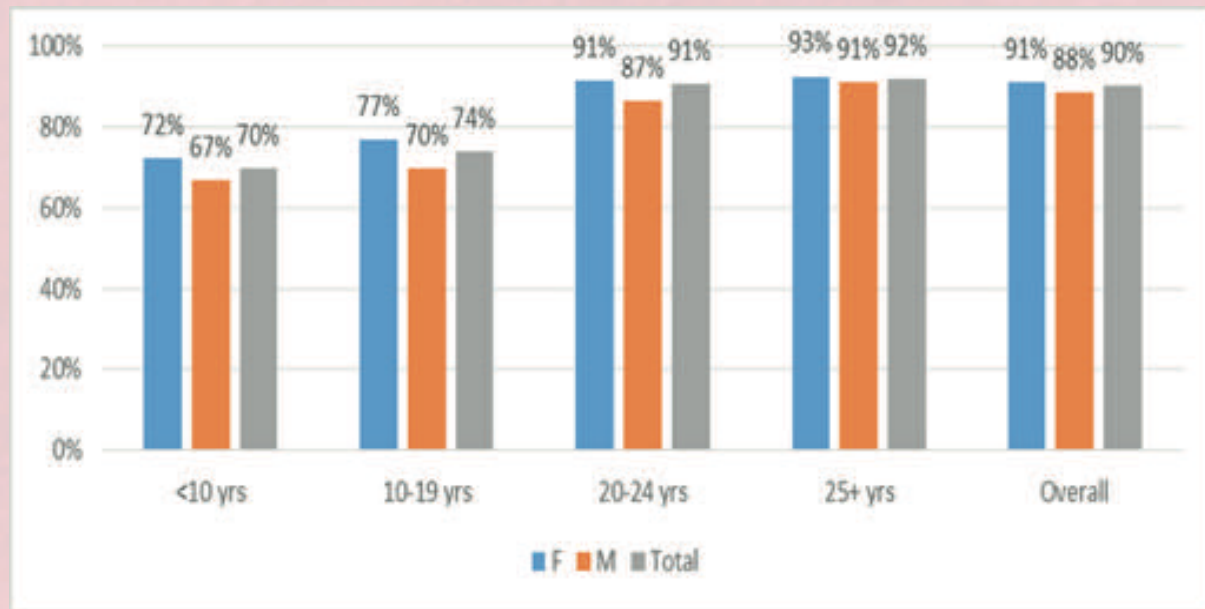
A total of 105 children below 15 years were initiated on ART this quarter contributing to only 35% of the target (Table 11). This under performance is attributed to low identification of children in care. Despite targeted interventions for identification of HIV positive children like testing children of

index clients, testing orphans and vulnerable children, targeted EID/immunization outreaches, the number of children below 15 years identified is still low.

#### 4. Viral load monitoring

Baylor-Uganda supported ART sites achieved a viral load coverage of 97% which was attributed to implementation of viral load camps (targeting eligible but not tested clients), mentorships, technical support supervision and routine weekly data reviews using CPHL dashboards. Of these, 90% were virally suppressed. Despite efforts to improve viral load suppression through ongoing adherence counselling and use of expert clients as peer support models including paediatric and adolescent friendly services, their viral suppression was still lower (<80%) compared to adults. Overall, males had a lower viral load suppression rate compared to their female counterparts across all age groups.

#### Viral load suppression outcomes by age and gender



#### ASSISTED PARTNER NOTIFICATION (APN) FOR FPRRH

Partner notification services are provided to sexual partners of clients identified with a sexually transmitted infection, to provide prevention, treatment and social support services to infected persons. FPRRH started implementing Assisted Partner Notification (APN) services in April 2018 as a strategy to improve identification of new positive clients. MoH recommends that assisted partner notification services be offered to all with sexually transmitted infections including HIV, to reduce infectiousness, and improve health of the communities.

As per July 2018 only 3 % ( 23/746) of all eligible clients for APN had been interviewed and documented (746 include all clients tested positive, non-suppressed and STI clients since Jan 2018 to July 2018). This was attributed to focus on new clients in one of the twelve testing points within the hospital, capacity gap with untrained staff implementing APN, restriction of APN to senior cadres, poor documentation in APN register, lack of data weekly data use to improve APN services, poor identification of eligible clients and poor client flow with eligible clients being reviewed by staff not aware of/trained in APN.



Staff participating in APN discussion



Files of eligible clients marked for “APN team”.

**Results.** As a result, interviewing of eligible clients to elicit their sexual partners improved from 23 (3%) eligible clients interviewed at the end of July 2018, to 98% by September 2018.

**Lessons learned.** Interviewing indexes for partners should be done by a staff/person of the same age for easy disclosure. Privacy and confidentiality is key in interviewing and eliciting partners since clients are comfortable talking to the health worker. In order to get proper information from the client health worker should put him/herself into client’s situation. APN should not be only for specific group of staff it should be implemented by all staff. APN is a high yielding strategy which need to be implemented to achieve the 1<sup>st</sup> 90.

### Contribution of APN to identification of new positives April 2018- September 2018 at FPRRH

| Modality           | HTS_TST       | TST_POS    | Yield        |
|--------------------|---------------|------------|--------------|
| <b>In Patient</b>  | <b>2,633</b>  | <b>79</b>  | <b>3.0%</b>  |
| Female             | 1,770         | 60         | 3.4%         |
| Male               | 863           | 19         | 2.2%         |
| <b>Index Case</b>  | <b>300</b>    | <b>135</b> | <b>45.0%</b> |
| Female             | 108           | 45         | 41.7%        |
| Male               | 192           | 90         | 46.9%        |
| <b>Other PITC</b>  | <b>6,728</b>  | <b>406</b> | <b>6.0%</b>  |
| Female             | 3,758         | 237        | 6.3%         |
| Male               | 2,970         | 169        | 5.7%         |
| <b>PMTCT</b>       | <b>1,972</b>  | <b>72</b>  | <b>3.7%</b>  |
| Female             | 1,972         | 72         | 3.7%         |
| <b>TB Clinic</b>   | <b>48</b>     | <b>2</b>   | <b>4.2%</b>  |
| Female             | 25            | 1          | 4.0%         |
| Male               | 23            | 1          | 4.3%         |
| <b>VMMC</b>        | <b>45</b>     | <b>1</b>   | <b>2.2%</b>  |
| Male               | 45            | 1          | 2.2%         |
| <b>Grand Total</b> | <b>11,726</b> | <b>695</b> | <b>5.9%</b>  |

### Best practices for ACE-FORT surge improvement:

#### Targeted or Risk Based community Based Mobilization:

Baylor Uganda’s strategy for improving surge performance has been anchored on embracing and optimizing the existing human resources at the community level. The use of trained community mobilisers to conduct risk based mobilization; targeting individuals engaged in risky sexual behaviours, families of index HIV positive clients has been effective. We have learned that using expert clients as mobilisers is yielding results. Prior communication from community mobilisers to facility based health workers regarding mapped HTS outreaches is an additional yielding approach.

#### Good leadership and cordial working relationship:

Baylor Uganda’s surge successes majorly rely on a health system strengthening approach. Continuous engagements between Baylor-Uganda and district health workers has been underscored as a facilitator in HTS yield and linkage performances. The leadership from Baylor-Uganda spearheaded by the Executive Director and district health officers (DHOs) have been key in the first two quarters under ACE-FORT project. Strategies to foster these continuous engagements have been through social media networks like WhatsApp groups, email communications and regional surge performance meetings.

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### Early Childhood development (ECD) implementation at community level:



Baylor-Uganda with support from CDC under the OVC docket initiated the implementation of community based ECD learning centres. With guidance from the national ECD learning framework, early learning sessions through play have been implemented in eight community centres in two sub counties of Bufunjo and Nyankwanzi in Kabarole district. A community led approach has been key in the success of the establishment of these community ECD centres.

### Differentiated Service Delivery Models (DSDM)

Differentiated care is a client-centered approach that simplifies and adapts HIV services reflect the preferences and the expectations of various groups of PLHIV .

Its objective is to reduce the unnecessary burden on the healthcare system and also to reduce on the waiting time for the clients.

Fort Portal Regional Referral Hospital introduced DSDM in August 2017 when differentiated services was introduced to the ART clinic team in on-site training. At that time, an average of 300 clients were seen on a daily basis, by a team of 5 clinicians, with long waiting time, compromising on the quality of services, neglecting the needs of the clients, and resulting in fatigue among the staff.

Now we have a committee that categorizes clients in care and tags of their charts as “clinically stable” or “clinically unstable” . This is based on the clients’ viral suppression, presence of opportunistic infections, and their age.

The MoH and Baylor-Uganda technical teams provide regular technical assistance and mentorship. Meetings to review updates and reviews of the progress on DSDM are also held on a weekly basis

The clinic has been decongested, and staff are now able to meet three times a week to discuss critically ill patients, review client files, and conduct switch meeting for those failing on their regimen. The hospital was recognized nationally as the best performer in DSDM, and a team of 4 staff were selected to attend a CQI/DSDM south-to-south learning network in Lilongwe in August 2018 organized by CQUIN and ICAP.

The hospital’s next step is to increase the enrolment of clinically stable clients in CCLAD from 3% in September 2018, to 20% by March 2019 through advocacy for CCLAD, addressing stigma, improving capacity of health workers to offer differentiated care, having peer-to-peer engagement to address stigma, and to improve DSDM data use for continuous quality improvement.

## ELMA UNFINISHED BUSINESS PROJECT FOR PEDIATRIC HIV.



*Adolescents engaged in bead making at Kicheche HC III, Kamwenge district.*

In October 2015, Baylor Uganda received funding from the ELMA foundation to implement the Unfinished Business program for paediatric HIV. The first phase of the grant was implemented till June 2018 and the second phase will run from July 2018 to June 2021. This project is being implemented in six districts of Rwenzori region i.e. Kasese, Kabarole, Bunyangabu, Kamwenge, Kyenjojo and Kyegegwa. The overarching goal of the ELMA UB phase 2 grant is to Improve retention so as to reach the 90/90/90 goals for children and adolescents in Uganda by 2021. The project has two primary objectives i.e.

- **Objective 1:** Strengthen, replicate and institutionalize evidence-based case finding approaches to identify 90% of children and adolescents living with HIV in Uganda nationally by 2021.
- **Objective 2:** Establish effective models and systems to initiate 90% of children and adolescents living with HIV on treatment, retain in care and support viral load suppression in 33 targeted facilities in 6 districts and share nationally by 2021.

The first phase of the Unfinished Business project was critical in complementing the support for paediatric and adolescent HIV care. A special focus was put on identification and care for children and adolescents living with HIV, linkage, adherence and retention in care and tremendous gains were

achieved. At the start of the project, 3,664 children below 15 years and 1,731 adolescents 15-19 years were active on ART in the Baylor-Uganda supported health facilities. By June 2018, we were able to support the provision of quality HIV care to 4,404 children below 15 years and 2,193 adolescents 15-19 years as seen in figure 1.

### **Improving retention to HIV care for children and adolescents.**

Baylor-Uganda has supported and strengthened provision of paediatric and adolescent friendly services. From July 2016 to June 2018, adolescent-only HIV care clinics increased from 12 to 62, with clinics engaging adolescent peer leaders. We have also held monthly adolescent peer support meetings. With these interventions, 12-month retention in HIV care for adolescents improved from 73% (October 2015 – March 2016) to 93% in October 2017 – March 2018.

Leveraging on the OVC program, the project supports economic strengthening activities for adolescents including providing entrepreneurship skills and attachment to artisans. The project also supported establishment of family clinics at 41 health facilities in the region as well as conducting quarterly caregiver meetings in an effort to improve retention in HIV care for children.

### **Viral load suppression among children and adolescents.**

Viral load suppression rates among children and adolescents are still below the 95% target with suppression rates at 70% for children below 10 years and 77% for adolescent as per June 2018. This is majorly due to psychosocial challenges faced by these age groups, like stigma in schools and among their peers.

Baylor-Uganda has supported the following interventions to improve viral load suppression;

- Training of health workers in paediatric counselling
- Training of health workers in management of clients with non-suppressed viral loads including provision of intensive adherence counselling.
- Roving counsellors provide counselling for children and adolescents with adherence issues as well as the non-suppressed.
- Home visits for non-suppressed children and adolescents.
- Supports Linkage of children and adolescents in care to OVC programs.



*The adolescent officer conducting a home visit for an adolescent with non- suppressed viral load.*

### **Success story.**

Adherence to HIV treatment is a challenge among adolescents. Jane (not her real name) is an adolescent who has been receiving ART care from St Paul HC IV, Kamwenge. She had a challenge adhering to treatment due to pill burden and as a result her viral load was non -suppressed. Through the adolescent peer support meetings, she learnt of the need to take care of herself as well as the need to adhere to treatment. She underwent intensive adherence counselling which included a home visit. The counsellors and health workers emphasised the need for Jane to strictly adhere to her treatment. Through this support she achieved good adherence and was able to have her viral load suppressed. Due to having achieved viral load, she was elected as an adolescent peer leader for her facility. She underwent training to become a peer educator and was able to obtain information on the psychosocial support needed for adolescents living with HIV. As an adolescent peer leader, Jane has been able to provide health education to her fellow peers as well as provide psychosocial support including adherence support to her peers.

### **CALL CENTRE (0800205555/0800305555).**

It's been 3 years down the road and the National Pediatric and Adolescent HIV/AIDS/TB call centre is still growing strong. Situated in Mulago Hospital, the centre was an initiative of Ministry of Health with support from CDC and Baylor Uganda.

The call centre has continued to offer technical responses to the consultations from health workers all over the country in

regards to HIV/AIDS/TB which was its initial responsibility.

The centre got another responsibility from the Ministry of Health to offer support on inquiries about HIV- Self Testing from the general public. The call centre equally attends inquiries from three other projects namely: Voluntary medical male circumcision (VMMC) follow ups which is 24/7, HPTN084 Research Study and RX solution inquiries about logistics in the pharmacy.

Todate the call centre has received 6665 calls from both health workers and patients since inception on 1<sup>st</sup> December 2015. This is almost double the set target of calls and the coverage country wide extended from 60 % in 2016 to 94% in 2017. This is attributed to the vast marketing campaign that was carried out throughout the country from the beginning of 2017 to early 2018.

The call centre has participated both in local and international exhibition events. We have exhibited at the Presidential fast Track Initiative meeting in Hoima and also exhibited at the Joint Annual Review Conference organized by the Uganda

AIDS Commission in collaboration with ministry of health. The call centre did exhibit at the National PMTCT campaign organized by the Ministry of Health under the theme “free to shine” to mention but a few.

In July this year, the call centre exhibited at the International AIDS Society Conference in Amsterdam Netherlands where the call centre team leader shared with other stake holders how the call centre has bridged the gap between lower level health cadres and the specialists in the field of HIV through a phone call at no cost.



*Health worker demonstrates attachment and positioning techniques*

### **Nutrition and Food Security:**

Food and nutrition support is a critical component of successful HIV/AIDS care and treatment. Baylor Uganda, working with the district leadership embarked on scaling up capacity of health facilities and health workers in Nutrition Assessment, Counselling and Support (NACS), Integrated Management of Acute Malnutrition(IMAM) and Maternal Nutrition and Infant Young Child Feeding(MNIYCF).

### **PROGRESS REGISTERED IN 2017/2018 FINANCIAL YEAR**

- Over 179 health workers received a comprehensive on site and didactic training in NACS while 59 were trained in maternal nutrition and IYCF during this reporting period.
- Over 96 health workers were trained in IMAM (OTC-SFP-Community component)
- Twenty five health workers trained in (ITC component)
- In addition, 760 Village Health Teams (VHTs) were trained in community nutrition assessment, referrals and follow-up.

- Baylor-Uganda continues to provide onsite mentorships and joint support supervision with the District Nutrition Coordination Committee (DNCC) to supported facilities
- Baylor-Uganda has also supported health facilities in districts of operation with equipment for nutrition assessment, IEC materials and Job aids for easy nutrition assessments and nutrition education and counselling. These include
  - ü Over 10,000 sets of colour coded MUAC tapes, 192 adult weighing scales, 74 infantometers, 180 height meters, 50 neonatal weighing scales were procured and provided to facilities.
  - ü Over 1000 counselling cards and 50,000 brochures on MNIYCF were distributed and distributed to health facilities
  - ü Revised IMAM guidelines and NACS tools and job aids were printed and provided to all supported health facilities
- Through sub grants, we have supported monthly food preparation demos and demo gardens in over 117 health facilities

### **Nutrition interventions out comes**

- Nutritional assessment in HIV clinics has been maintained at over 95% of clients, improved in ANC, Maternity and PNC from less 10% to over 65% and in OPD from close to 0% to over 56%.
- Reported breastfeeding initiation within the first hour of birth improved from 77% to 98% and Iron/folic supplementation among pregnant women attending ANC from 37% to 77% in supported facilities.
- 4000 clients with acute malnutrition were treated with therapeutic feeds, of which 29% were HIV positive.

## Gender Mainstreaming:

Thus gender integration in health care delivery remains high on Baylor-Uganda's agenda. For the July 2017 – June 2018 period the project efforts have been focusing on identifying and addressing the gender related concerns that directly and indirectly affect attainment of our UNAIDS 90, 90, 90 goal.

Baylor Uganda has continued strengthening the capacity of health facilities to offer Post GBV Care/ services to survivors. A total of 106 health care providers were trained in GVB response and management basing on MOH curriculum, 421 health workers across 125 health facilities were mentored in GBV screening, response and management through facility based mentorship, 78 community social workers working with 24 partner CSOs through onsite mentorship.

## Success story

### Boda Boda Riders Transformed

The 35 year old Nganda Atuhe Vincent, who was once a boda boda rider didn't know the positive change he was yet to bring amongst his peers when he was chosen to go and attend a Stepping Stones training. After the training Vincent was supposed to go back home and teach his peers what he had learnt. He was so excited about the sessions which were an eye opener. When he returned home he couldn't wait to share all that he had learnt with his peers at the *boda boda* stage where he was operating back in Bundibugyo.

However Vincent confessed that he hadn't yet dealt with one of his old habits his peers were aware of, so when he tried to talk to them they didn't give him audience because he was still doing what he was telling his peers to stop doing. Vincent loved drinking and all his colleagues at the boda stage knew his weakness.

"I always told them to do as I say but not as I do" Vincent recalls, something that made him to be mocked. This made Vincent determined to quit drinking once and for all and

practice what he was preaching. He taught 14 members from his *boda* stage whom he took through these sessions on a weekly basis on Sundays, Mondays and Tuesdays. These sessions had topics ranging from violence, partner testing, benefits of circumcision, family planning and so much more.

Their Boda Boda group of 16 members now has a savings group. They meet every Saturday morning and everyone is expected to bring five thousand shillings during the meeting. Their savings have accumulated beyond five Million Shillings. They lend this money to each other and their lives have greatly improved.

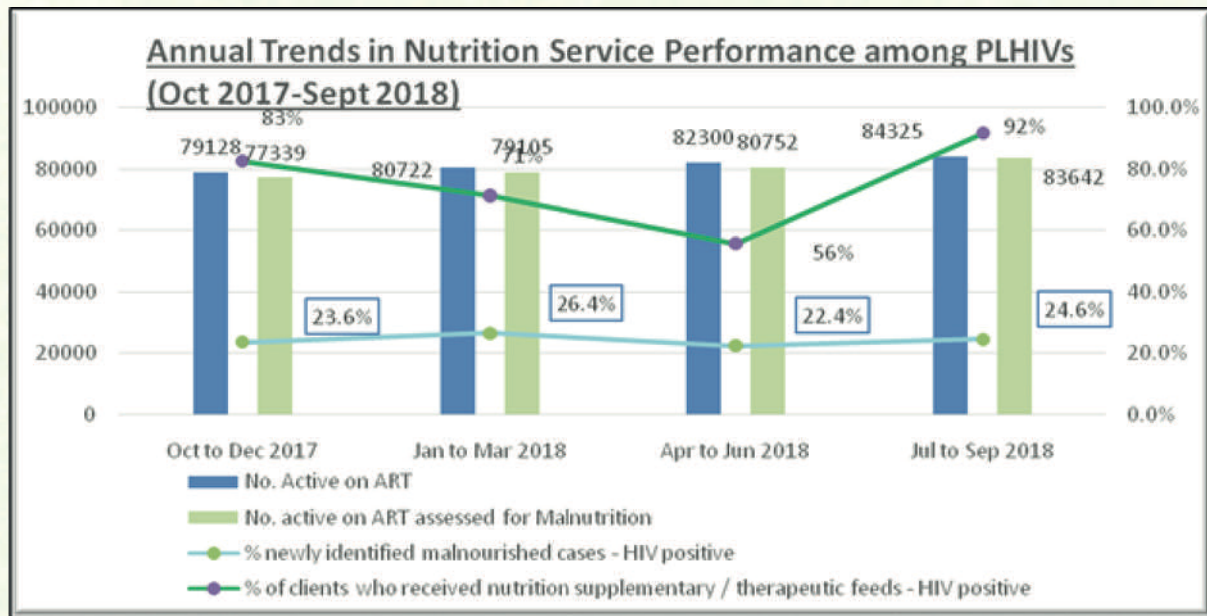
Stepping stones methodology has been implemented in the 29 sub counties across the region as a means of positively changing harmful gender norms that fuel HIV infections. All the 126 accredited HIV care health centres, have been supported by the project to intensify SGBV screening that tends to adversely hinder treatment outcomes as well as provision of post GBV care services to the GBV survivors.





## FOOD AND NUTRITION

Food and nutrition support is a critical component of successful HIV/AIDS care and treatment, while appropriate Maternal Nutrition and Infant and young child feeding (MNIYCF) counselling remains a critical component in eMTCT for HIV-free survival for infants and in line with national efforts to address malnutrition and its associated challenges, Baylor Uganda embarked on scaling up capacity of health facilities and health workers in Nutrition Assessment, Counselling and Support (NACS), Integrated Management of Acute Malnutrition(IMAM) and Maternal Nutrition and Infant Young Child Feeding(MNIYCF).



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  - Twenty five health workers trained in (ITC component)
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  - Over 4000 clients with acute malnutrition were treated with therapeutic feeds, of which 29% were HIV positive.

## OVC AND COMMUNITY SYSTEMS STRENGTHENING

Baylor-Uganda implements an inclusive OVC program which is currently operational across all the eight districts in the Rwenzori region. We are currently working with 23 CSOs and 324 para social workers to provide OVC services to targeted beneficiaries along the 90-90-90 goal. A total of 8762 OVCs have benefited from our services in the region and 3705 have been served in Kampala making an overall total of 12467.

Baylor-Uganda OVC officers continue to collaborate and coordinate with the Community Development Officers (CDOs) to identify OVC periodically using Ministry of gender, Labour and Social Development tools such as OVC pre-identification, Household Vulnerability Prioritization Tool (HVPT), Household Vulnerability and Assessment tool (HVAT), Case plan among others.

During the reporting period, the services supported under OVC included:

- Provision of agricultural supplies, inputs and advisory services to 240 Households within the region. • Provision of education support to 1,858 OVC in the form of scholastic materials and school fees.
- 150 school drop-outs OVC were supported to attain apprenticeship skills.

### ***The power of referral system.***

John (Not real names) is a 7 year old boy born and residing in Kakinga parish Kamwenge sub county in Kamwenge district. Ndungutse was born HIV positive to father and a mother who later separated. Upon marriage dissolution between the parents, John was deserted by his own mother, who again got married to another man and dumped the now sickly boy at her elderly grandparents' home in Kakinga parish at age of 3 years.

From the frequent illnesses that the boy suffered, his grandparents took him to Rukunyu HCIV for medical checkup, only to realize that he was HIV positive. Though started on ART, John's health kept on deteriorating because his grandparents also never gave the boy good care because they (grandparents) looked at him as useless. To make matters worse, the boy had also been neglected by his father who never supported neither with basic needs nor nutritious food.

As luck would have it, during the home visits by a Para social worker (PSW)-Ms. Kakyö Margaret, that is when the little John was found in a poor health condition. His ears were swollen and pus was flowing out of them. His fingers had gotten wasted away because of jiggers. He was paper-thin due to the lost weight. He had no medicine and his grandparents had resorted to making him sleep in the kitchen with goats and chicken instead of the living house, where everybody stayed.

Margaret the PSW then linked up with Child Initiative Agency (CIA) a Baylor-Uganda supported CBO as well as the Community Development Officer of the Sub County plus a Baylor-Uganda OVC officer who immediately followed up the case. During the visit, the grandparents and the father of John were provided psychosocial support. They were sensitized on child rights and the importance of adherence and counselling.

House hold Case plan was drawn with the family and was to be followed by the PSW on a weekly basis. John and father have been linked to Kabuga Health Centre III for ART services. Weekly follow up to the household was conducted and John's life is improving, and his caregivers now remember to provide him his medication on time and on a daily basis. John can now feel the father's love.

## Save a woman save the nation

A 36 year-old Muhindo Jennifer is among the 124 new pregnant women referred from community for HIV screening. She tested HIV positive and enrolled into care (Jul-Sept 2017), she lives in Hima Town council, Kasese District.

When Muhindo was five months pregnant in July, she experienced severe diarrhea, skin rash, and fevers. She mistook the illnesses to be pregnancy related condition and did not bother to check for HIV. During one of the home visits, she explained her condition to RCRA a CBO supported by Baylor Uganda who immediately referred her for HIV testing, the results confirmed that she was HIV positive. She was started on Anti-Retroviral drugs (ARVs) and educated on the benefits of taking drugs (ART) as a strategy of living a healthy life.

Recently, having participated in different activities funded by Baylor-Uganda, the 124 pregnant women are on ART, Muhindo and other pregnant women are now aware of the effects of not staying on treatment, have established kitchen gardens for nutrition, can tell the do's and don'ts during pregnancy and are able to mentor new pregnant women. The group has formed a Village Savings and Loan Association within Hima Town Council. The group meeting weekly and are able share and learn from each other. Through the loans borrowed, the women have been able to provide basic needs and other necessities for their families.

Muhindo's story is one of the 124 in Women in Hima who have benefited from the ART activities carried out in Kasese district.



# MATERNAL HEALTH

## FIVE YEARS OF SAVING MOTHERS AND GIVING LIFE

In 2012 when the Saving Mothers Giving Life initiative set out to reduce maternal mortality by 50% in the implementing districts both in Uganda and Zambia it was labelled an ambitious target. As Baylor-Uganda, we are happy we dared to dream. By the end of December 2016, maternal mortality in Kyenjojo reduced by 53%, in Kabarole by 41%, in Kamwenge by 38% and overall in the four districts including Kibaale by 44%. We not only reduced maternal mortality

but the stillbirths occurring during delivery by 36% and pre-discharge neonatal mortality by 10%.

Accolades to the US government through the Centres for Disease Control and Prevention, The ELMA Foundation, Every Mother Counts our development partners, the District Local governments and Ministry of Health, health facility teams and village health teams that we worked with for the success achieved.

| INDICATOR  | PHASE 0<br>(June 2011–May 2012) | PHASE 2<br>(January–December 2016 data) | PERCENT CHANGE between PHASE 0 and PHASE 2 <sup>2</sup> |
|--|---------------------------------|---|---|
| Districtwide Maternal Mortality Ratio (number of maternal deaths per 100,000 live births)                      | 452                             | 255                                     | -44%  |
| Pre-discharge Neonatal Mortality Rate (per 1,000 live births)  | 8.4                             | 7.6                                     | -10%  |
| Institutional Fresh Stillbirth Rate (per 1,000 births)   | 22.4                            | 14.3                                    | -36%  |
| Deliveries under skilled birth attendants  | 45.5%                           | 66.8%                                   | +47%  |
| Cesarean Section Rate  | 5.3%                            | 9.0%                                    | +71%  |
| Percent of all facilities that reported active management of the third stage of labor (AMSTL)                  | 75.2%                           | 96.2%                                   | +28%  |
| Percent of all facilities that reported monitoring labor by Partograph   | 33.3%                           | 92.4%                                   | +178%   |
| Percent of hospitals that currently have at least one long acting family planning method                       | 62.5%                           | 94.1%                                   | +51%  |
| Percent of all health facilities that did NOT experience stock-outs of oxytocin in the last 12 months          | 56.2%                           | 81.9%                                   | +46%  |
| Percent of all Health facilities that did NOT experience stock-outs of magnesium sulfate in the last 12 months | 47.6%                           | 63.8%                                   | +34%  |
| Percentage of hospitals conducting maternal death audits   | 31.3%                           | 94.1%                                   | +201%   |



Ntara Theatre team performing a Cesarean Section- for the first time after seven years

**Kibito HC IV before refurbishment**



**Kibito Maternity block after Refurbishment**



**Transport and Referral**



*Improved ambulance service due to support from SMGL*

**Service delivery**



*Rachel, one of the satisfied mothers who delivered from one of the SMGL supported health facilities*



*Boda service one of the innovations of the SMGL project*

## CELEBRATING SMGL SUCCESS



*The Minister for Health, Hon. Dr. Jane Ruth Aceng (Centre) and the US Ambassador in Uganda, Dborah Malac 4th Right front) at the Dissemination of SMGL Results at Protea Hotel Kampala.*



*The State Minister for Health, Hon. Dr. Sarah Opendi at the award ceremony for the best performing health workers in Rwenzori region.*

### SERVICE DELIVERY

This was possible through a district-wide systems strengthening approach that utilized interventions focused on the period during labour, delivery, and the first 48 hours after birth when two out of three maternal deaths and 45% of newborn deaths occur.

Interventions included – 1) demand creation using Opinion leaders, VHTs and local mass media; 2) increasing access to maternal and newborn care services through support of vouchers for transport from the community and ambulance referral system between health facilities, and 3) improving the quality of maternal and newborn services through infrastructural upgrades, critical human resources recruitment, retention, and skills building, and provision of ‘demand stock’; of medicines and supplies 4) health systems strengthening through support for technical supervision and data-driven performance review/planning meetings and 5) M&E systems strengthening through support for health facility and community surveillance for maternal and newborn services utilization.

# SYSTEMS STRENGTHENING

## SUB-GRANTS 2017/2018

The Navision status of the 2017/2018 sub grant accountabilities as at end of June 2018 were as indicated below;

| DISTRICT       | TOTAL DISBURSED      | TOTAL ACCOUNTED FOR  | AMOUNT OUTSTANDING | % ACCOUNTABILITY |
|----------------|----------------------|----------------------|--------------------|------------------|
| KABAROLE       | 154,605,000          | 153,926,454          | 678,546            | 99.6%            |
| BUNYANGABO     | 133,450,000          | 133,246,550          | 203,450            | 99.8%            |
| KAMWENGE       | 156,475,500          | 149,291,759          | 7,183,741          | 95.41%           |
| KYENJOJO       | 215,093,200          | 191,665,800          | 23,427,400         | 89.11%           |
| KYEGEGWA       | 111,892,500          | 111,213,500          | 679,000            | 99.39%           |
| KASESE         | 290,005,000          | 273,652,691          | 16,352,309         | 94.36%           |
| NTOROKO        | 54,377,000           | 50,897,650           | 3,483,650          | 93.60%           |
| BUNDIBUGYO     | 124,878,000          | 91,533,590           | 33,344,410         | 73.36%           |
| FP REGIONAL RH | 638,185,333          | 583,273,239          | 54,912,094         | 91.46%           |
| <b>Total</b>   | <b>1,878,961,533</b> | <b>1,738,701,233</b> | <b>140,264,600</b> | <b>92.5%</b>     |

Grants amounting to 1.8 billion was disbursed during the year. These included mainly health facilities, District health offices, community based organizations and PHLA networks.

### Sub-granting to CBOs

During the financial year Baylor Uganda conducted a prequalification assessment of CBOs for purposes of identifying those eligible for sub-granting under the ACE-Fort project. A call for proposals was advertised widely in the media. Interested CBOs in Rwenzori region applied and a competitive selection process was conducted. 25 CBOs were selected at the end of the exercise.

### Every Mother Counts project

During the financial year, EMC provided funds with a plan to commence implementation of activities on 1<sup>st</sup> April 2018. Procurements for were planned and executed for key items like motorcycles, money boxes, padlocks, passbooks etc. likewise, key personnel such as mama ambassadors and sub county facilitators were identified and oriented. These in turn mobilized and formed 24 MSLA groups across the three districts. The training of the MSLA groups and the distribution of the items will be conducted in the first half of 2018/19 financial year.

*The State Minister for Health, Sarah Opendi (centre) hands over a motorbike to a representative of the district for Every Mother Counts.*

### Introduction of Result based financing (RBF)

In a bid to gain efficiency and ensure that sub grants disbursed to various sub grantees translate into more outputs and quality services, Baylor Uganda made a strategic decision to

transition for input based financing to strategic purchasing of services through a new mechanism of pay for performance. During the reporting period, a consultant was procured to draft initial guidelines, operating manual and procedures for RBF. Actual implementation of RBF will be piloted in select health facilities and CBOs during the 2018/19 financial year. The plan is to roll out RBF in all sub-grantees by 2020.

### LABORATORY SERVICES

Laboratory support is very crucial for improvement of quality of health services in the healthcare system. Baylor Uganda continued to support 133 laboratories in the Rwenzori region to provide testing commensurate to their level of service as established by the MOH test menu either through direct delivery or referral of samples to 100% sample transport and result transmission network.

The program implemented interventions ranging from infrastructure improvement to 39 laboratories, Strengthening Laboratory Management Towards Accreditation (SLMTA) to 7 Hub laboratories, Laboratory Quality Management Systems (LQMS) to 126 non Hub labs, equipment repair, service and maintenance, human resource support (HRS), monitoring quality of testing and laboratory staff in-service training and mentorships.

This has markedly improved the coordination, functionality and quality of laboratory services within the districts as evidenced by 100% ordering of commodities resulting into improved availability of lab commodities, improved participation and performance in External Quality Assurance (EQA) and overall Quality Management System (QMS) by all the laboratories.



*State Minister for Health (General Duties), Hon Sarah Opendi (C) hands over motorcycles for Every Mother Count Project in Fort Portal*

In this reporting period, the Centre of Excellence (COE) laboratory maintained its accreditation with the College of American Pathologists (CAP) until June 2019. A total of 14 Laboratory Officers were trained in SLMTA complimentary trainings to accelerate Hub labs (Kilembe mines and Fort Portal Regional Referral Hospitals) towards accreditation and as such two Hub labs have been earmarked for South African National Accreditation Scheme (SANAS) accreditation.



*Handover and Commissioning of Bundibugyo Hospital Laboratory by Ambassador Deborah Malac (second left) and Hon. Sarah Opendi (left) State Minister for Health on 12<sup>th</sup>, January 2018. Centre is CDC Country Director, Dr. Lisa Nelson, receiving the symbolic key from Dr. Adeodata Kekitiinwa as District Chairman Bundibugyo, Ronald Mutegeki looks on (right)*



## PHARMACY AND MEDICAL COMMODITIES LOGISTICS MANAGEMENT.

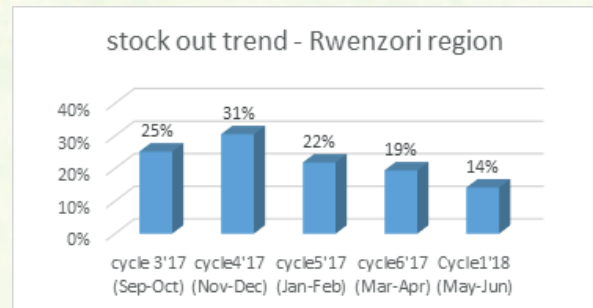


In bid to further mitigate against stock out and minimize treatment interruptions, QI project was undertaken mainly to address quantification inaccuracies that was found as major contributing factor to stock out second to low order fulfilment rates from central warehouse.

The previous year we had registered stock out of 40%, mainly arising from; erroneous quantifications, submitting same order as the previous cycle. The Quality Improvement project undertaken was to ensure accuracy in quantification is improved by applying changes to the following areas;

1. Matching needs for components of each regimen in use (most times we could have more of one component and supplies not adequate for a complete regimen. e.g. we had frequent stock outs of NVP single dose and LPV/r pellets that could not match quantities of ABC/3TC available).
2. We had challenges of inaccurate logistics data submitted by health workers (either due to lack of time to collect/scrutinize this data or knowledge gaps); while some health facilities would submit duplicated orders (picked from previous order), and this affected projections as needs keep changing.

3. We had challenges of consumption data that would not relate to clients numbers reported on given ARV.



As we undertook this corrective improvement, our baseline on quantification accuracy using the AOQ (ARV Ordering Quality) analytical tool was; 50% (overall quality for the region) by October 2017 and stock out of 25% by then. Currently stock out has been reduced to 14% and at quantification quality improved to 70%, this achieved by the following steps/interventions;

The first step was to vigorously make use of a quantification quality assessment tool (AOQ) developed by Ministry of Health with support of CHAI to assess performance, second step was to build a team of district mentors to provide technical assistance to problematic/poor performing health facilities, and third step was to have a district ordering review meeting one before end of bimonthly ordering cycle to assess for quality of orders submitted online.

The last step was to review order fulfilment by central warehouse and track stock levels, with excess surplus above 4 months of stock retrieved from health units and archived at district stores to allow same day redistribution to a stocked out health centre. The stock status dashboard is helping us a lot in redistribution further reducing stock outs.

We measured improvement based on 3 parameters;

1. Quantification/Ordering accuracy
2. Extent of matching quantified needs of regimen components (for single and dual dose combinations)
3. Extent of matching consumption vs served client numbers

## LEADERSHIP AND GOVERNANCE



*Prime Minister Dr. Ruhakana Rugunda (seated in tie) with participants at the opening of the Leadership Conference at Mestil Hotel in April 2018.*

### **The International Summit on Leadership in Healthcare**

Baylor-Uganda's flagship leadership and governance project, Caring Together, ended in April 2018 with the International Summit on Leadership in Healthcare. This two-day event was co-hosted in Kampala on 25<sup>th</sup> and 26<sup>th</sup> April by Baylor-Uganda, Pepal and Janssen Pharmaceutica. The Summit was designed to highlight the importance of leadership in healthcare interventions, with Caring Together, the project the three partners worked on together from 2015-2018, as one example of best practices.

Caring Together sought to address the critical leadership gap in health system strengthening by improving health worker motivation and performance, leading to better service delivery and more satisfied patients. Over three years, Caring Together was implemented in 270 health facilities delivering health services to over 4 million people in Uganda's Rwenzori and Eastern Regions. Key results that were shared at the Summit included:

- Facilities tracking staff lateness increased from 23% to 80% of health facilities, with a corresponding 27% reduction in late arrivals
- Average client waiting time fell from 61 minutes to 35 minutes

- Patients' perceived level of quality of care increased from 80% to 93% of patients rating their experience at the facility as 7 or over out of 10

The Summit was a great success, showcasing Baylor-Uganda as a leading NGO in Uganda. There were over 150 participants from over 40 organizations and 10 countries. The Summit was officially opened by the Prime Minister of Uganda, alongside the State Minister of Health. After two days of insightful and inspiring presentations, videos and breakout sessions, the Summit was brought to a close by the Director of Health Services for the Ugandan Ministry of Health. Here the Baylor-Uganda Leadership Academy was launched; the vehicle for scaling up Caring Together's training across Uganda.

Post-Summit communications materials can be found on the Summit website: [www.healthcareleadershipsummit.org](http://www.healthcareleadershipsummit.org). In particular, the five-minute summary video of the Summit, found in the 'Summit Publications' section, gives an overview of the event.

Baylor-Uganda's Leadership and Governance team is now working to ensure that all the commitments relating to the Baylor-Uganda Leadership Academy are fulfilled, particularly engaging with the senior partners at the Ministry of Health to ensure that the right procedures are followed for the Academy's establishment.

### 3. Capacity Building Programs for Income Generation

During the year 2017/2018, we have conducted Continuous Professional Development sessions for health workers and provided selected one-week short courses as well as provision of consultancy services in training and mentorship.

1. **Training Consultancy services:** In November 2017, Baylor-Uganda was awarded the tender to provide **training consultancy services in Nutrition** by the Belgian Development Agency. Under the contract, Baylor-Uganda conducted two trainings in Kibale (29<sup>th</sup> January – 2<sup>nd</sup> February 2018) and in Arua (14<sup>th</sup> – 18<sup>th</sup> May 2018) for 16 and 17 participants respectively. The Beneficiary Organizations for the trainings were Kibale Hospital (10 participants), Nyahuka HC IV (6 participants), Oriajin Health Centre IV (5) and Midigo HC IV (12 participants). Of the 33 participants, 18 were female and 15 male. The average improvement in performance based on the pre- and post-test results was 37.4% for the Kagadi training and 17% for Arua; combined, the average improvement was 26.9%. Below are some comments from the participants:

*“The training improved my rate of understanding as far as nutrition is concerned”*

*The training session was practical and relevant to my daily clinical work”*,

*“The training is very good and has given me an opportunity to learn new skills and knowledge on current nutrition care and management”;*

*“The trainers were very knowledgeable and provided the training in the best understandable way”;*

*“The facilitation was up to date”;*

*”The trainers are real experts in nutrition knowledge”.*

2. **Short course:** From 26<sup>th</sup> February – 2<sup>nd</sup> March 2018, an **inaugural five-day training in Adolescent HIV Counselling** was conducted for 17 participants (12 female, 5 male). The average improvement in performance based on the pre- and post-test results was 49.8%. The participants were very appreciative of the training and they rated the trainers as either Excellent or Very Good in regard to their knowledge, content delivery, time management, preparedness, methodology used and material presented.
3. **Continuous Professional Development (CPD):** one clinic study tour on 18<sup>th</sup> July 2018 and two lecture/case discussion sessions (26<sup>th</sup> July 2018 and 4<sup>th</sup> December 2018) and were organized. The Clinic Study Tour took place at the COE Clinic in Mulago while the lecture/case discussion sessions were conducted in the Training Room at the COE. The topics for the lecture/case study discussions were: Paediatric and Adolescent ART, and Diagnosis & Management of Paediatrics. These inaugural CPD sessions all registered very low turn-up.



*Prince Kassim Nakibinge the Baylor-Uganda Goodwill Ambassador feeds a baby during his visit to the COE on World AIDS Day celebrations in December 2017.*

*Looking on left is Executive Director Baylor-Uganda, Dr. Addy Kekitiinwa*

# OPERATIONS

## Program Management

During its February 2018 meeting, the Board of Directors approved the revised Procurement and Disposal Manual which set a milestone for the Directorate of Operations. Following this approval, revision of other policies and manuals (including ICT Policy, Administration and Store Management Manual) was initiated. The directorate has integrated its support to include supporting the ACE – FORT Consortium members



*Vehicle loaned to IBC as part of integration for ACE-FORT project implementation*

The Directorate of Operations has undergone an extensive Risk Based Integrated (internal) Audit process where areas that needed strengthening were highlighted and strategies drawn and are being implemented to improve operational support in a cost effective manner.

## Administration

Operations Support Team (OST) supported close out of the CDC funded East-West Nile Project in March 2016. Some of the staff have been absorbed, while others resigned, and many of the equipment and assets realigned to support the new ACE - FORT Programs in Rwenzori.

Operations support has been decentralized to clusters through recruitment of Administrative and Finance Assistants who will ensure efficiency in support service delivery

While the size of the fleet was affected by the closed projects, the remaining Fleet and Distribution Assistants have been trained in customer care, as well as refreshed Defensive Driving skills to ensure optimal utilization of the vehicles. Relatedly, a number of staff have also been training in defensive motorcycle riding (including female Admin Assistants) who were all evaluated both practically as theoretically and all passed. The newly

training riders have been assigned motorcycles to reduce on the increasing field transport demand

The Administration team has worked with Programs and Research teams to provide clean and secure work environment – this has not been limited to identification of new office space in the Rwenzori region, as well as setting up office space for the new HPTN research project, Pead –Hema - Ocho (PHO) Project and the refurbished Pharmacy Hood at COE

## Next steps

- Working on archiving of closed project documents in Rwenzori and Kampala
- Finalize the review and update of the Administration and Store Manuals

## Facilities Management

We have been able to complete refurbishments of ART clinics, Labs, Adolescent Centers, waste pits and Drop-in centers in the Rwenzori as well as in the Eastern region. Related, many health facilities have been equipped with Solar structures to ensure constant power connection as a way of improving health service delivery

## Procurement

The Procurement team was affected during the organizational transition period where the Procurement Coordinator resigned. However, the OST team was able to plug the gap quickly

reduce the turn-around time of procurement requests. They were able to finalize the pre-qualification process for the next procurement cycle and have supported acquisition of supplies for the new ACE – FORT project

## Next steps

Training the Contracts and Evaluation Committees (and all Middle Managers) on the new Procurement and Disposal Manual.

## Information Communication Technology

The ICT team has twinned with finance directorate to roll - out (and improve) operationalization of the upgraded NAVISION financial system. The team installed bio-metric staff attendance recording systems at all clusters and trained the Admin Assistants to support this at the cluster level. They have rolled out e-forms – starting with the Transport and Accommodation booking form, which is being integrated to NAV to be able to communicate with the hotel owners directly.

The programmer have continued to support development of e-performance platform, Clinical Information Management System and other systems.

**Next steps**

Ensure procurement of the replacement of old ICT items, servers and soft ware

Support the digitalization of operations and other processed for efficiency and cost effectiveness

**HUMAN RESOURCES**

The HR directorate has been on its toes for the last one year managing a number of emerging issues, ensuring seamless change management procedures and introducing new innovations geared towards driving business efficiently. We now had 282 Staff members as at 30th, June 2018.

**The key HR Highlights include**

An HR Strategic Planning Retreat

**Key retreat accomplishments included:**

The formulation of a directorate mission statement:

To provide innovative HR programs and services aimed

at harnessing the collective potential and abilities of our people through professionalism, commitment and strategic collaborations that promote Baylor Uganda's goals.

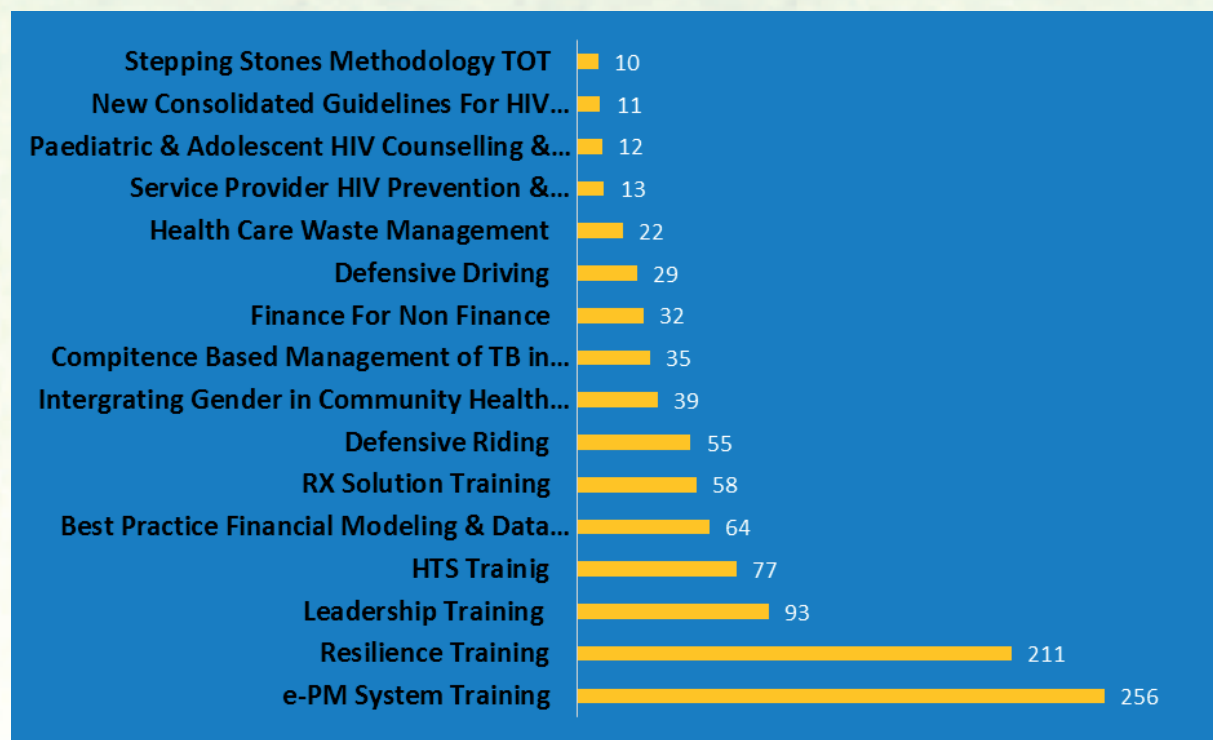
**Other Retreat Accomplishments:**

1. Development of an HR Logical Framework
2. HR Risk assessment
3. Development of HR Metrics and analytics
4. Enhanced Engagements & Partnership with the district HR personnel

**Developed and improved HR Systems:**

**Other Key HR accomplishments**

1. Resilience Training for all staff
2. Salary Review exercise – April 2018
3. HR Manual review
4. Policy Development: Succession planning
5. Successful closure of a number of projects: EWN, SNAPS West, PEPAL SMGL, UNICEF



# CLINICAL RESEARCH

## RESEARCH:

Baylor-Uganda in her mandate to carry out research that informs policy and programming in Uganda and Africa as a whole, in collaboration with Ministry of Health Uganda with funding from Centers for Disease Control and Prevention (CDC Atlanta), carried out three evaluations;

1. “Review of the Outcomes of Expanded Pediatric ART Eligibility in Uganda”, which aims to determine ART coverage, patient outcomes and acceptability of the test and treat approach of enrolling HIV positive children under 15 years on ART in Uganda.
2. “An Assessment of HIV Testing yield for Pediatrics at Various HTC service entry points in Uganda”, which aims determine the HIV positive yield among children from 18 months to 15 years at the various HTC entry points within Health facilities in Uganda.
3. “End of Project Evaluation for the Baylor-Uganda East West Nile Project” which aims to assess the extent to which the project has met the objectives as stated in the Funding Opportunity Announcement that led to this award.

Findings from these Evaluations were shared with key stakeholder in the dissemination meeting which took place on Tuesday 27<sup>th</sup> March 2018 at Mestil Hotel Nsambya. From the reports presented, it was agreed by all the stakeholders in this dissemination that;

- 32% of children to be found and be put in care.
- Linkage of under 5 years to be strengthened. There is need to bring on board social scientists to help in the challenge of under 5 years getting lost.
- There was Need to support RCT volunteers by giving them adequate training.
- Need to utilize and strengthen the facility community referral system

At the annual Conference on Retroviruses and Opportunistic Infections (CROI) that took place in Boston, USA, from 4-7 March 2018, results from the study “Effects of antiretroviral therapy during pregnancy and lactation on the bone health of urban Ugandan women and on infant growth, Short title: Maternal ART and bone health in Ugandan mothers, and their infants (to be known locally to participants in Uganda as the GUMBA [‘Bone’] study)” were presented. One of Authors recommendation was that “It is important to determine longer term infant growth and bone outcomes following exposure to maternal ART in early life and assess the effects of exclusive breastfeeding”.

Findings of the Survey on capacity assessment of HIV continuum of care, sexual and reproductive health, behavioural and adolescent services in Karamoja region were peer reviewed and published in the BMC Public Health Journal, May 2018.

### MANUSCRIPTS PUBLISHED USING BAYLOR-UGANDA DATA OR AS A COLLABORATIONS (STUDIES & GENERAL CARE)

| NO | FIRST UTHOR      | TITLE  | DATE PUBLISHED | JOURNAL                                   |
|----|------------------|--|----------------|---|
| 1  | Ian W. Hovis     | Deceased Prevalence of Rheumatic Heart Disease Confirmed Among HIV Positive Youth  | Jul-18         | The Pediatric Infectious Disease Journal. |
| 2  | Gaone Retshabile | Whole-Exome Sequencing Reveals Uncaptured Variation and Distinct Ancestry in the Southern African Population of Botswana                   | 26/05/2018     | Am J Hum Genet                            |
| 3  | Jonathan Izudi   | Retention of HIV-Positive Adolescents in Care: A Quality Improvement Intervention in Mid-Western Uganda                                    | 30/05/2018     | Biomed Res Int                            |
| 4  | Conrad Musinguzi | The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda                            | 23/04/2018     | Journal of Healthcare Leadership          |
| 5  | Rogers Ssebunya  | Prevalence and Correlates of HIV testing among adolescents 10-19 years in a post-conflict Pastoralist community of Karamoja Region, Uganda | 10-May-18      | BCM Public Health                         |

In our effort to Improve generation of evidence based knowledge and its utilization for the management of HIV and MCH services by Baylor-Uganda, the research department took the lead in sending out calls as well as supporting the writing and submission of abstracts to different conferences both national and International.

As a result, about 45 presentations have been shared; either oral or posters at these conferences/ meetings. Makerere University

College of Health Sciences, (MakCHS) in conjunction with the Uganda National Association for Community and Occupational Health (UNACOH), World Health Organization and Ministry of Health for the 13 years have been organizing the **Joint Annual Scientific Health Conference (JASH)** in commemoration of Dr. Mathew Lukwiya. At the 13th JASH Conference 2017 took place September, 27th - 29th 2017 at Hotel Africana, Kampala, under the theme “National and

Global Health Care for All: Past, Present and Future”, Baylor- Uganda presented the highest number of Abstracts, one scooping the 2<sup>nd</sup> best presented oral abstract.

Ongoing studies in collaboration with different international sponsors include:

| Funder  | Study  |
|---|--|
| NIH   | IMPAACT P1115 on Very Early Intensive Treatment of HIV-Infected Infants to Achieve HIV Remission: A Phase I/II Proof of Concept study  |
|   | IMPAACT 2010, a Phase III Study of the Virologic Efficacy and Safety of Dolutegravir-Containing versus Efavirenz-Containing Antiretroviral Therapy Regimens in HIV-1-Infected Pregnant Women and their Infants |
|   | HPTN 084 a study To evaluate the relative efficacy of oral CAB/CAB LA versus daily oral TDF/FTC for HIV prevention   |
|   | Collaborative African Genomics Network Studies (CAFGEN)  |
|   | Paediatric HIV-Malignancies in Africa Study (PHIRMA)   |
|   | Incidence, Determinants and outcomes of Latent and Active Tuberculosis among HIV-infected Children in Uganda (TITOs Study)   |
| MRC UK  | Effects of antiretroviral therapy during pregnancy and lactation on the bone health of urban Ugandan women and on infant growth (GUMBA Study)  |
|   | ODYSSEY: A randomised phase II/III trial of Dolutegravir (DTG)-based antiretroviral therapy vs. standard of care (SOC) in children with HIV infection starting first-line or switching to second-line ART      |
| Drugs for Neglected Diseases initiative (DNDi)    | Prospective study of Lopinavir based ART for HIV Infected children Globally (LIVING)   |
| Swedish Research Council and Karolinska Institute | The importance of Pharmacogenetic variation on Efavirenz plasma levels and treatment effects in ART-naïve HIV-infected Ugandan children aged 3-12 years (GENEFA)   |
|   | Study of Co-medication with HAART and anti-Epileptic Drugs (Co-HED) which is still in Protocol development.  |
| Children’s National Medical Center (US)           | Study determining the prevalence of RHD among HIV+ Ugandan children aged 5-15 years  |
| CDC (Implementation/ evaluation studies)          | Assessing HIV Testing yield for paediatrics at Various HTC service entry points in Uganda (HTC)  |
|   | Review of the Outcomes of Expanded Paediatric ART Eligibility in Uganda (OEPAE)  |
|   | Decentralise TB services and Engage Communities to Transform lives of Children with TB (DETECT Child TB)   |
|   | Household and Family-Centered Approach to Improve Case Finding, Diagnosis and Linkage to Treatment for TB and HIV in Uganda (HOP Study)  |
|   | End of Project Evaluation for the Baylor Uganda East West Nile Project.  |

In the past year, the research department organised a number of trainings in house and abroad for its staff. 10 staff went for HPTN 084 Protocol training 8-13 April 2018 in South Africa, this was followed by Atlas SCHARP training for all the Sites in Uganda (Baylor-Uganda, IAVI & MUHJU) 17-18 April at Baylor-Uganda Training room. There were other training that included; The Research training retreat Jan 17-22 2018 which took place at Paraa Safari Lodge where research Core team members discussed an Overview of Research structure at Baylor Uganda, current Research policy and the need for its revision, among other recommendations that were made during the deliberation. Some of the resolutions from this retreat included; moving HPTN 084 Study team to the Post Natal Clinic (PNC). This led to the massive transformation of the PNC into one of the best facilities, there was also the study coordinators training Feb 18-22 2018 at Country

Resort Garuga where they were trained on comprehensive introduction of clinical research and the job functions of the clinical research coordinator (CRC).

The Baylor-Uganda Community Advisory Board (CAB) sub-CABs that is; the KP/PP Sub-CAB, Maternal and Child Sub-CAB, and Adolescent/Youth Sub-CAB also had their retreats at Country resort Garuga where they were able to look at their Personal development & self-care, Work plan with timelines and how to successfully engage the community in relation to research and program activities. In the month of June, the Baylor-Uganda CAB members were also trained on Public Presentation Skills at Grand Global Hotel.



Members of the Community Advisory Board (CAB) during an International Research Conference in Kampala

## **PEDIATRIC HEMATOLOGY AND ONCOLOGY:**

### **Key Activities**

- The first ever annual children's cancer survival awareness day *Camp La Vida* was held on 26<sup>th</sup> of August 2017 at the International School of Uganda in Lubowa. The purpose of the camp was to celebrate the gift of life and provide psychological support to the children and families that have been affected by childhood cancer. *Camp La Vida* celebrated hundreds of children at UCI who survive every year and also commemorated those lives that have gone too soon due to childhood cancer. The camp was also an opportunity to raise public awareness about childhood cancer in Uganda. The total number of participants were 298 participants who included 114 children who had undergone treatment of cancer, 114 parents and 70 facilitators from Uganda Cancer Institute, Baylor –Uganda and other invited guests. The theme for the camp was *HOPE- Hope for the Children in the fight against Childhood Cancer*.





- The first set of fellows who completed their two year fellowship program; Dr Barnabas Atwiine, Dr Fadhil Geriga, Dr Philip Kasirye and Dr Ruth Namazzi were also awarded certificates for the completion of training in Pediatric Hematology and Oncology under the East African PHO fellowship program. All the four fellows graduated on Thursday 9<sup>th</sup> August 2018 at Makerere University alongside Dr David Poplack who received an honorary degree by the College of Sciences in recognition of his distinguished and ground breaking contributions to humanity.
4. Invested over 500,000 trainee-hours in educating general doctors and pediatricians so that they can recognize common signs and symptoms of cancer and blood diseases in children, and so that they can provide appropriate emergency care and referral of these children.
  5. Built strong community and parent relationships that have resulted in their participation and investment in children's cancer and blood diseases care programs. In August 2017, families and the medical team held the first ever childhood cancer survivors' day in Uganda with over 300 children attending; the parents also formed a Childhood Cancer Parents' Support Association called Children with Cancer Caregivers Association.



*The four Fellows who graduated from Makerere University*

#### **Achievements**

1. Established the East Africa Pediatric Hematology and Oncology specialist training program at Makerere University College of Health Sciences/Uganda Cancer Institute with 4 pediatric cancer and blood diseases specialists due to graduate from this 2-year program in August 2018, and will continue to produce up to six specialists for East Africa every year.
2. Increased the medical team workforce for children with cancer at UCI/MNRH from 2 doctors to 17 doctors, thus transforming the quality of care these children receive.
3. **Dramatically improved the survival of children with cancer** at UCI, from 30% of children alive and receiving treatment after one month of cancer diagnosis previously, to 85% of children alive and receiving treatment after one month after being diagnosed with cancer as of 2017. The cure rate of some cancers such as Hodgkin lymphoma (a subtype of lymph node cancer) is now as high as 90% - similar to cure rates in the most advanced pediatric cancer centers in the world.

#### **STRATEGIC INFORMATION**

During the reporting period 141 health facilities in the 8 districts we supported to ensure robust, timely and accurate reporting systems. This was done through continuous mentorship and technical support to medical records assistants and biostatisticians in data management, monitoring and evaluation. Efforts have been put in place to improve data demand and information use from facility up to district levels.

The use of the weekly surge reporting dashboard has gone a long way to improve site level data review establishment of root causes and development of workable solutions. Continuous collaboration with METS and District health teams has helped to establish HMIS tools (Registers, Clients Cards) needs among the supported health facilities and ensure 0% stock out of the required tools.

All districts (100%) have been supported to conduct review meetings to review their respective performance in line with the HIV/TB framework. Joint M&E Planning meeting was conducted between Biostatisticians and Project M&E with the aim of improving twinning and uniform implementation across the region. Onsite Technical support to Medical records assistants using Uganda EMR was done, emphasis was put on the accurate data entry, cleaning as well as report generation. By June 2018, 82 facilities had functional OPENMRS out of 141 supported facilities. A total of 40 computers have been procured for additional sites.

## COMMUNICATION AND ADVOCACY



*General Kahinda Otafiire (R) who was chief guest visits the Baylor-Uganda exhibition stall at the Presidential Fast Track Initiative meeting in Hoima. Left is Dr. Emma Mugisa of Baylor-Uganda.*

The Mandate of the Communications Unit is to manage Internal and External Communication in the organization, carry Advocacy on matters of Health Service delivery and Policy as well as do Public Relations for the organisation.

Baylor-Uganda has the most thriving social media presence on the BIPAI network with five social media platforms (Facebook, Twitter, Instagram, YouTube and Linked In). Our Facebook account currently has 5,816 followers with 5,794 organic (unpaid) likes.

We have increased our Social Media engagements with many our followers and readers sharing out posts with their friends.

**A New Website and Branding: <https://www.baylor-uganda.org>**

Baylor-Uganda has a vibrant website and we are in the final stages of introducing the “Donate Button” so that all well-wishers and partners can make a contribution that will support the welfare of children and clients under our care. Our organization takes pride in branding, where staff have corporate wear, customized notebooks and diaries among others.

### **Advocacy and Networking**

The unit has supported high level advocacy meetings in the last financial year. Among them was the high level visit of the US Congress Delegation to the COE in August 2017. We also hosted Prince Kassim Nakibinge, who accepted to be our Goodwill Ambassador during the World AIDS Day celebrations at the COE.

The Unit also coordinated the Presidential Fast Track Initiative meetings and exhibition in Hoima in February 2018, where President Museveni was represented by General Kahinda Otafiire as Chief Guest.

Baylor-Uganda has been a partner during the Tooro kingdom coronation anniversary celebrations, which usually occur in September every year; where among other things we organize stakeholder meetings and set up medical outreaches, where we offer comprehensive HIV Testing, Counselling as well as Voluntary Medical Male Circumcision. We also carry Radio Talk shows to sensitize communities in the Rwenzori region on Health related issues especially the role of community leaders in combating the spread of HIV/TB as well as Ebola in the region.

# FINANCE



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## INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

### Opinion

We have audited the accompanying financial statements of Baylor College of Medicine Children's Foundation Uganda, set out on pages 8 to 28, which comprise the statement of financial position as at 30 June 2018, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion the accompanying financial statements give a true and fair view of the state of financial affairs of Baylor College of Medicine Children's Foundation Uganda as at 30 June 2018 and of its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards.

### Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibility under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the company in accordance with the Institute of Certified Public Accountants of Uganda Code of ethics (ICPAU Code of Ethics), which is consistent with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants, together with other ethical requirements that are relevant to our audit of the financial statements in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Other Information

The Directors are responsible for the other information, which comprises the "report of Directors". The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

**INDEPENDENT AUDITORS' REPORT  
TO THE DIRECTORS OF BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA  
(CONTINUED)**

**Responsibilities of Directors for the Financial Statements**

The Directors are responsible for the preparation of financial statements that give a true and fair view in accordance with International Financial Reporting Standards, and in the manner required by the Ugandan Companies Act 2012 and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so. The Directors are responsible for overseeing the Company's financial reporting process.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

**INDEPENDENT AUDITORS' REPORT  
TO THE DIRECTORS OF BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA  
(CONTINUED)**

**Report on Other Legal and Regulatory Requirements**

The Ugandan Companies Act, 2012 requires that in carrying out our audit we consider and report to you on the following matters. We confirm that:

- We have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit;
- In our opinion proper books of account have been kept by the Company, so far as appears from our examination of those books; and
- The Company's statement of financial position and statement of comprehensive income are in agreement with the books of account.

The engagement partner responsible for the audit resulting in this independent auditor's report is CPA Norbert Kagoro Practice Number P0053.

*Deloitte & Touche*

**Certified Public Accountant of Uganda**

*13 February 2019*

**Kampala**

*Norbert Kagoro*

**Norbert Kagoro  
Partner**

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION – UGANDA

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2018

|  | Note | 2018<br>Ushs '000     | 2017<br>Ushs '000    |
|--|------|-----------------------|----------------------|
| <b>INCOME</b>                                  |      |                       |                      |
| Grant Income                                   | 4(a) | 79,232,240            | 81,878,983           |
| Drugs and other Donations                      | 4(b) | 7,380,155             | 10,346,249           |
| Deferred Income realized                       | 4(c) | 1,495,109             | 1,425,298            |
| Other Income                                   | 4(d) | 1,322,509             | 85,898               |
|  |      | <u>89,430,013</u>     | <u>93,736,428</u>    |
| <b>EXPENDITURE</b>                             |      |                       |                      |
| Medical supplies and patient care costs        | 5    | 15,099,691            | 20,782,492           |
| Program costs                                  | 6    | 22,793,049            | 12,645,739           |
| Staff costs                                    | 7    | 28,512,675            | 28,008,474           |
| Contractual and consultancy services           | 8    | 574,585               | 9,280,263            |
| Administrative costs                           | 9    | 22,568,142            | 34,346,517           |
| Foreign exchange gains                         | 10   | (1,047,754)           | (1,441,955)          |
|  |      | <u>89,210,388</u>     | <u>93,650,530</u>    |
| Surplus for the year                           | 11   | <u>219,625</u>        | <u>85,898</u>        |
| <b>OTHER COMPREHENSIVE INCOME</b>              |      |                       |                      |
|  |      | <u>-</u>              | <u>-</u>             |
| <b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b> |      | <u><b>219,625</b></u> | <u><b>85,898</b></u> |

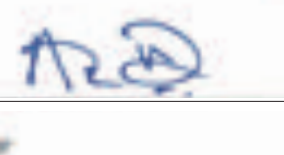
BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

STATEMENT OF FINANCIAL POSITION  
AT 30 JUNE 2018

|                                       | Notes | 2018<br>Ushs'000         | 2017<br>Ushs'000         |
|---------------------------------------|-------|--------------------------|--------------------------|
| <b>ASSETS</b>                         |       |                          |                          |
| <b>Non-current assets</b>             |       |                          |                          |
| Property and equipment                | 12    | 6,528,743                | 7,381,831                |
| Intangible assets                     | 13    | 143,439                  | 76,305                   |
|                                       |       | <u>6,672,182</u>         | <u>7,458,136</u>         |
| <b>Current assets</b>                 |       |                          |                          |
| Inventories                           | 14    | 2,325,857                | 2,936,993                |
| Receivables and prepayments           | 15    | 2,413,559                | 3,625,886                |
| Cash and cash equivalents             | 16    | 4,430,383                | 10,829,029               |
|                                       |       | <u>9,169,799</u>         | <u>17,391,908</u>        |
| <b>Total assets</b>                   |       | <b><u>15,841,981</u></b> | <b><u>24,850,044</u></b> |
| <b>RESERVES AND LIABILITIES</b>       |       |                          |                          |
| <b>Reserves</b>                       |       |                          |                          |
| Accumulated surplus                   |       | 4,546,956                | 4,327,331                |
| <b>LIABILITIES</b>                    |       |                          |                          |
| <b>Non-current liabilities</b>        |       |                          |                          |
| Deferred Income                       | 17    | 6,483,501                | 13,990,860               |
| <b>Current liabilities</b>            |       |                          |                          |
| Trade and other payables              | 18(a) | 2,810,280                | 3,670,106                |
| Provisions                            | 18(b) | 2,000,943                | 2,861,747                |
|                                       |       | <u>4,811,224</u>         | <u>6,531,853</u>         |
| <b>Total Reserves and Liabilities</b> |       | <b><u>15,841,981</u></b> | <b><u>24,850,044</u></b> |

The financial statements on pages 8 to 28 were approved by the board of Directors on January 24, 2019 and were signed on its behalf by:

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Director

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

STATEMENT OF CHANGES IN RESERVES  
FOR THE YEAR ENDED 30 JUNE 2018

|   | Accumulated<br>Funds<br>Ushs '000 |
|---|-----------------------------------|
| At 1 July, 2016                         | 4,241,433                         |
| Total comprehensive income for the year | 85,898                            |
| At 30 June, 2017                        | 4,327,331                         |
| At 1 July, 2017                         | 4,327,331                         |
| Total comprehensive income for the year | 219,625                           |
| At 30 June, 2018                        | 4,546,956                         |

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2018

|  | Note | 2018<br>Ushs'000 | 2017<br>Ushs'000 |
|--|------|------------------|------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>            |      |                  |                  |
| Surplus for the year                                   |      | 219,625          | 85,898           |
| <b>Adjustments for:</b>                                |      |                  |                  |
| Depreciation   | 12   | 1,441,517        | 1,401,410        |
| Amortization   | 13   | 53,592           | 23,890           |
| Gain on disposal of assets                             |      | (125,539)        | -                |
| Net income (released)/deferred                         | 17   | (7,907,359)      | 1,688,381        |
| Cash (outflows)/inflows before working capital changes |      | (5,918,164)      | 3,209,579        |
| <b>Changes in working capital</b>                      |      |                  |                  |
| - Decrease in inventories                              |      | 611,136          | 546,459          |
| - Decrease in receivables and prepayments              |      | 1,212,327        | 423,052          |
| - (Decrease)/increase in payables and accrued expenses |      | (859,825)        | 1,773,967        |
| - Increase in provisions                               |      | (860,804)        | 1,732,914        |
| Net cash (used in)/generated from operations           |      | (5,815,330)      | 7,685,971        |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>            |      |                  |                  |
| Purchase of property, plant and equipment              | 12   | (636,728)        | (1,762,068)      |
| Purchase of intangibles                                | 13   | (120,729)        | (25,134)         |
| Proceeds from sale of equipment                        |      | 173,838          | -                |
| Net cash used in investing activities                  |      | (583,619)        | (1,787,202)      |
| (Decrease)/increase in cash and cash equivalents       |      | (6,399,948)      | 5,898,769        |
| Cash and cash equivalents at start of the year         |      | 10,829,029       | 4,930,260        |
| Cash and cash equivalents at end of year               |      | 4,430,081        | 10,829,029       |
| <b>REPRESENTED BY:</b>                                 |      |                  |                  |
| Cash and cash equivalents                              | 15   | 4,430,081        | 10,829,029       |



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## BUSINESS DEVELOPMENT UNIT

The business development Department came into existence in 2016. This was premised on the need to diversify funding resources in order to drive Baylor-Uganda's strategic plan. Currently the department consists of two staff, the Business development Manager and Business development officer. Our vision and mission are:

**Vision:** *A financially self-sustained and secure organization*

**Mission:** *To improve Baylor-Uganda's financial resource base through sustainable business & investment in traditional and non-traditional schemes.*

**Purpose:** *Increase investment in sustainable own income generating schemes*

During the year 2017-2018, Baylor-Uganda brought on board the Business development Manager, Kate Kabajaasi. This year we have seen the unit reaching a number of milestones which among other include;

1. Development of the 2018-2023 Business development strategy which highlights the funding model, business and investment plan that will provide a level of stability and produce the revenue needed to grow and deliver its programs. Baylor-Uganda's funding model will enable programmatic scale up amidst dwindling donor funding, reduce donor dependence and increase financial sustainability.
2. Won grants worth over \$20,000,000 with most of them coming from CDC, NIH, ELMA, Global HOPE and most recently Global Fund which covers over 19 districts
3. The unit has proactively identified ways to expand and diversify the portfolio of Baylor -Uganda sources of funding in line with Baylor- Uganda strategic plan and Business development plan through holding meetings to share Baylor-Uganda's programs and best practices with 40 corporate companies, 10 local universities, presented to Health development partners, and embassies in order to bring on board new partnerships for future support.

## FUTURE PLANS

4. Engage wider stakeholder and development actors to preposition Baylor Uganda.
5. Organize mega social fundraising events
6. With support from Human resource ,work on staff development regarding business development and grant writing.

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## INTERNAL AUDIT

The International Standards for the Professional Practice of Internal Auditing requires the Internal Audit to provide an independent and objective assurance on internal controls, risk management, and governance of an organisation. Also, takes on advisory role, informing management of control issues. In line with the standards, Baylor Uganda's Internal Audit successfully completed eight out of eight (100%) planned risk based audits in the year and five special assignments. The recommendations/corrective actions from these audits strengthened stewardship of the organisation.



*Audit team at work from left: Lino Nyingaling (head of Audit), Pius Kihumuro and Walter Kamusiime*

During the year, the Internal Audit, using observations tracking tool (OTT), monitored the implementation of prior audit recommendations/ corrective actions for both external and internal audits. In total, over 90% of the prior audit recommendations/corrective actions were implemented.

In the year, the Internal Audit successfully coordinated the risk management function. Directorates and Baylor Uganda entity wide Risk Registers were updated with emerging risks every quarter. Also, the fraud risk assessments were conducted semi-annually. The Internal Audit continuously monitored/appraised the implementation of the risk mitigating measures. This greatly improved the culture of risk management in the organisation.

During the year, the Internal Audit successfully organized four quarterly Board Audit Committee (BAC) meetings to discuss internal audit results for the quarter, prior audit implementation status and risk management. Also, special BAC meeting was organized to discuss and approve FY16/17 audited accounts along with the management letter.

# PICTORIAL



*Opening of the Bundibugyo Hospital Laboratory by State Minister Sarah Opendi and Ambassador Deborah Malac*



*Every Mother Counts project to support the performance of Health Workers in the Rwenzori sub region*



*Prime Minister Dr. Ruhakana Rugunda (C) shares a light moment with CDC Country Director, Dr. Lisa Nelson (R) and Baylor-Uganda ED, Dr. Adeodata Kekitiinwa, during the Leadership Conference organised by PEPAL*

# OUR PARTNERS



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