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

2016-2017 Annual Report

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COMMUNITY-HEALTH FACILITIES LINKAGE AND REFERRAL FRAMEWORK - FOR RWENZORI REGION

Launched by
H.E. Ambassador DEBORAH MALAG.

18th, MAY, 2017.



Deborah Malag
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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-centered pediatric and adolescent health care, education and clinical research worldwide.

About Baylor-Uganda

Who we are: Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) is an indigenous not-for-profit child health and development organization affiliated to the Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI), a Network of pediatric HIV/AIDS care and treatment Children's Clinical Centers of Excellence with offices in 11 countries across Africa, Eastern Europe and North America.

What we do: We are one of the largest global HIV pediatric and adolescent programs. We deliver high quality family-centered pediatric and adolescent HIV prevention, care, treatment services, health professional training and clinical research. Other services include food and nutrition and social support to orphans and vulnerable children, trainings, mentorships and support supervision, infrastructure improvement, equipment and support supplies.

Where we Work: These operations are carried out at the Centre of Excellence (COE) and Post Natal Clinic both located at Mulago Hospital Complex and 190 health facilities (124 in Rwenzori and 66 in Karamoja region), especially in facilities where access to pediatric and family HIV/AIDS services is largely constrained.

Our Values

Ectg



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Gzegngpeg'''



Kppqxcvkq'''



Vgco"yqtm



Nq{cnv{



Baylor-Uganda
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MEMBERS**



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The US Ambassador, H.E Deborah Malac with the Baylor-Uganda Children during a visit to the Clinical Center of Excellence in Mulago



Acronyms

ANC	Antenatal Care
ARROW	Anti Retroviral Research for Watoto
ART	Anti Retroviral Therapy
BIPAI	Baylor International Paediatric AIDS Initiative
CAP	College of American Pathologists
CBO	Community Based Organisation
CHAPAS	Children with HIV in Africa-Pharmacokinetics, Adherence/Acceptability of Simple Antiretroviral regimens
CHBC	Community Home Based Care
CHC	Communications for Healthy Communities
COE	Centre of Excellence
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother To Child Transmission
HF	Health Facility
HCT	HIV Counselling and Testing
HSSIP	Health Sector Strategic and Investment Plan
KMC	Kangaroo Mother Care
KP	Key Populations
KYCS	Know Your Child's HIV Status
HTS	HIV Testing Services
MAM	Moderate Acute Malnutrition



MARPS	Most at Risk Populations
NICU	Neonatal Intensive Care Unit
NIH	National Institute of Health
OAFLA	Office of the African First Ladies against AIDS
OVC	Orphans and other Vulnerable Children
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PITC	Provider Initiated Testing and Counseling
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PP	Priority Populations
RCT	Routine Counseling and Testing
RUTF	Ready to Use Therapeutic Feeds
SAINTS	Strengthening and Improving National Training Systems
SAM	Severe Acute Malnutrition
SMC	Safe Male Circumcision
SMGL	Saving Mothers Giving Life
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Emergency Fund
VHT	Village Health Team
WHO	World Health Organisation

FOREWORD

Board Chairman

Mr. Michael B. Mizwa



With much pleasure, I wish to express my heartfelt gratitude for the opportunity of steering a dedicated board, Management and staff of Baylor-Uganda, who by all means have made enormous contributions to improved health service delivery, impacting thousands of lives in Uganda.

Baylor-Uganda officially concluded the East West Nile project in March 2017. We may not have achieved one hundred percent, but as Vince Lomardi put it “perfection is not attainable, but if we chase perfection, we can catch excellence”. That is exactly what we did in Eastern Uganda and continue to do in Rwenzori region. We refurbished the labs to international standards. Kapelebyong Health Centre IV in Amuria district and Kyenjojo Hospital laboratory, in Kyenjojo district are our benchmarks. We have equipped maternity units, Bukuuku, Rukunyū and Kyarusozī in Rwenzori being examples. We have also equipped adolescent centres and ART clinics, Atatur hospital in Kumi is a shining example of our commitment to improved quality service delivery.

During the handover ceremony in Kumi district in May 2017, we were humbled. All leaders; political, religious, cultural and civic, generously praised Baylor-Uganda for improving the capacity of districts and health facility staff on quality health service delivery.

Honourable Minister of Health, Dr. Jane Ruth Aceng during her visit to COE in January 2017 testified that Baylor-Uganda was a leading organization in Africa that had given hope and improved lives of children and adolescents, who few years ago had been left to die due to HIV/AIDS. We appreciate all these praises and we have no intention to take them for granted. We pledge to work harder in the years ahead,

I wish to wholeheartedly thank our donors, especially PEPFAR/CDC, UNICEF, ELMA, Comic Relief, Abbot Fund, Every Mother Counts, Clinton Health Access Need, Bristol- Myers Squibb, Texas Children’s Hospital, Baylor College of Medicine and many more to come. We feel

humbled by the trust they have placed on us to implement these projects. I further thank the Ministry of Health for the genuine demonstration of Public-Private Partnership that is working for the benefit of Ugandan people. We pledge our unwavering commitment.

I will not take it for granted that The Public Private Partnership has been realised without the dedicated workforce under the leadership of Dr. Addy and a committed board which has dedicated their time and effort at literally no cost to make sure that Baylor-Uganda lives by its mission and vision in order to deliver quality health services and high value research outcomes for the benefit of humanity.

As Captain of the ship, I wish to give strong assurance to our current and potential donors and partners that Baylor-Uganda has the capacity to do high quality Pediatric and Adolescent Health Care. We shall diversify our efforts to strengthen research, lab services as well as other innovations that will bring sustainability and continuity of our services. We pledge our energy towards attainment of the 90-90-90 targets by 2030. We are shifting the health service delivery approach to largely hinge on effective community platforms, because the core package of services will be premised on a differentiated service delivery approach as recommended by the 2015 WHO Consolidated ART Guidelines.

We shall make this happen by working as a team driven by Care, Teamwork, Excellence, Innovation, Accountability and unquestionable Loyalty to protocols and highest standards. Wishing you all happy reading and analysis of our work.

Executive Director's MESSAGE

Dr. Adeodata Kekitiinwa



Our esteemed readers and stakeholders, once more we are pleased to present to you our Annual performance record for the Financial Year July 2016 to June 2017.

Baylor-Uganda is proud to have made tremendous contribution to Karamoja, Teso, Kampala and Rwenzori sub regions. The recently released Uganda Population-Based HIV Impact Assessment (UPHIA) to assess the progress of Uganda's national HIV response showed that our supported regional blocks registered the highest decline in HIV prevalence over the period 2011-2016: Arua (37%), Soroti (30%) and Fort portal (30%) compared to national (15%). We thank the district leadership and all our staff that enabled this achievement through extensive technical assistance and programmatic management in HIV/AIDS/TB.

For the third consecutive time, Baylor-Uganda laboratory received accreditation from the College of American Pathologists (CAP) for its high quality and professional services. This is the best accreditation any laboratory in the world can aspire for. The laboratory supports quality assurance inter-comparability testing for our 7 regional lab hubs, and staff learning visits. We invite research and clinical institutions to utilise our services

Our research capacity over the last year has grown. We are now conducting 19 international and local studies and have published 8 manuscripts.

In effort to attain the UN 90:90:90 targets, the Fort Portal regional block Health Facility Community Linkage Framework was launched by Ambassador Deborah Malac. The Framework links 124 health facilities to 25 Community Based Organizations. I am glad to note that over twelve thousand people have benefited from this linkage.

Our one-stop comprehensive center of excellence (COE) for managing complicated pediatric and adolescent HIV/AIDS/TB/Hepatitis at Mulago national Referral

Hospital continues to offer high quality care. The COE has established itself as an international internship learning center.

Our National Pediatric and Adolescent HIV/AIDS/TB Call centre launched in December 2015 registered the highest number of calls this year with close to 50% seeking support on how to manage TB/HIV co-infection. Our toll-free numbers; **0800205555/0800100055/0800305555** are open from Monday to Friday between 8am-5pm.

All these approaches and innovations are aimed at achieving the UN targets of ending the HIV/AIDS epidemic by 2030. We will continue to supplement Government efforts in improving Health Service delivery.

Baylor-Uganda is grateful for the generous support of the American people from the President's Emergency Plan for AIDS Relief (PEPFAR) through Centers for Diseases Control and Prevention (CDC).

Our partnership with Uganda Government cannot be taken for granted. We are grateful to all those organizations that make us who we are: BIPAI, Baylor College of Medicine, Texas Children's Hospital, Bristol Meyers Squibb, UNICEF, ELMA, Every Mother Counts, Comic Relief, Medical Research Council (UK), Abbot Fund, Clinton Health Access Initiative, National Institute of Health (USA) and American Foundation for Children with AIDS.

On behalf of the dedicated team that I lead and on my own behalf, I pledge our commitment to provision of high quality health care to the communities we serve.

Facts and Figures

Working towards an AIDS free generation



BY 2020

90%

of all people living with HIV will know their HIV status.

90%

of all people with diagnosed HIV infection will receive sustained antiretroviral therapy

90%

of all people receiving antiretroviral therapy will have viral suppression

Our scope of work is **HIV prevention, Care & treatment, Maternal Child Health, Health Systems Strengthening & Capacity Building and Research** with **26.1 \$ million** in funding

Towards the UNAIDS 90-90-90 Targets

Kampala: Baylor Centre of Excellence	Rwenzori region	Eastern Region
Target for COE 8,986	Target for Rwenzori 87,626	Target for Eastern 31,907
7,786 (87%) patients in Care	81,492 (93%) in HIV care	29,035 (91%) patient in care
7,768 (86%) patients on ART	80,749 (92%) on ART	26,677 (84%) on ART
6,525 (73%) virally suppressed	64,088 (91%) with suppressed viral load	25,816 (81%) virally suppressed

Closing the Pediatric – Adult HIV service delivery gap

National (Uganda)	Rwenzori Region	Karamoja Region
1460 (80%) of ART sites providing Paediatric and adolescent HIV services	5,335 children < 15 years in HIV care	Mother to child transmission of HIV reduced to 2.9%
67% Paediatric ART coverage achieved	5333(99.9%) on ART	90% of expected < 15 year HIV+ started on ART
	4124 (77%) virally suppressed	Viral suppression among < 15 year olds at 69%

Leveraging PEPFAR Funds to reduce Maternal Mortality

Decreased MMR from 452 to 241 deaths per 100,000 live births

Increased health facility deliveries from 46% to 74%

Increasing Clinical Research at Baylor

19 ongoing studies & 3 in coming



The College of American Pathologists **Accredited** the Center of Excellence laboratory for another two years **(June 2017- June 2019)**, for the third time in a row.



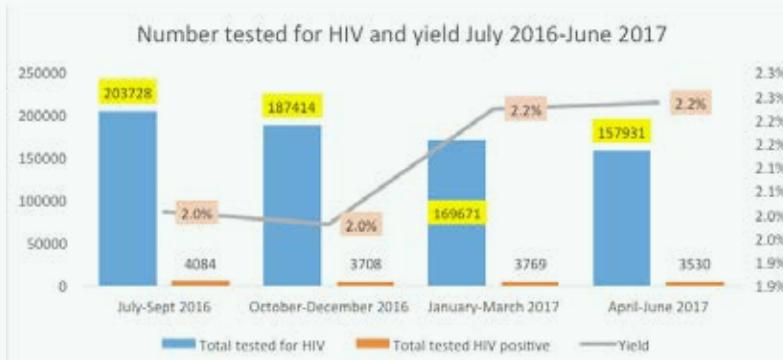
MEDICAL AND PSYCHOSOCIAL PROGRAMMES

HIV Prevention

Following policy change from universal HIV testing to Targeted testing, Baylor-Uganda supported the Ministry of Health/AIDS Control Programme to train health workers on use of eligibility screening tools to support targeted testing for both adults and children. The new 2016 HTS policy emphasizes focus of HTS to: geographical locations with high HIV prevalence, populations with high burden of HIV e.g. female sex workers, quality assured PITC and linkage to care for clients testing HIV positive. Through implementation of targeted testing, the total number of people testing for HIV significantly reduced from 203728 in July-September 2016 to 157931 in April-June 2017 with yield improving from 2% to 2.3% in the same period.

HIV Testing Services

Below is HTS performance in Rwenzori region following roll out of eligibility tools and targeted HIV testing. In the period July-September 2016, for every 50 HIV tests carried out 1 positive client was identified and following implementation of targeted HIV Testing at Out Patients Department and during community outreaches, the number of tests required to identify one positive gradually reduced to 44 in the quarter April-June 2017.



In the last Financial Year, the project gained extensive experience in implementation of the new Ministry of Health targeted testing guidelines for both adults and children. Prior to implementation of targeted testing, the region tested over 50 clients to identify one HIV positive client and currently, the region tests about 40-44 clients to identify one positive. Based on data above, the project tests six fewer clients to identify one new positive compared to the beginning of the financial year.

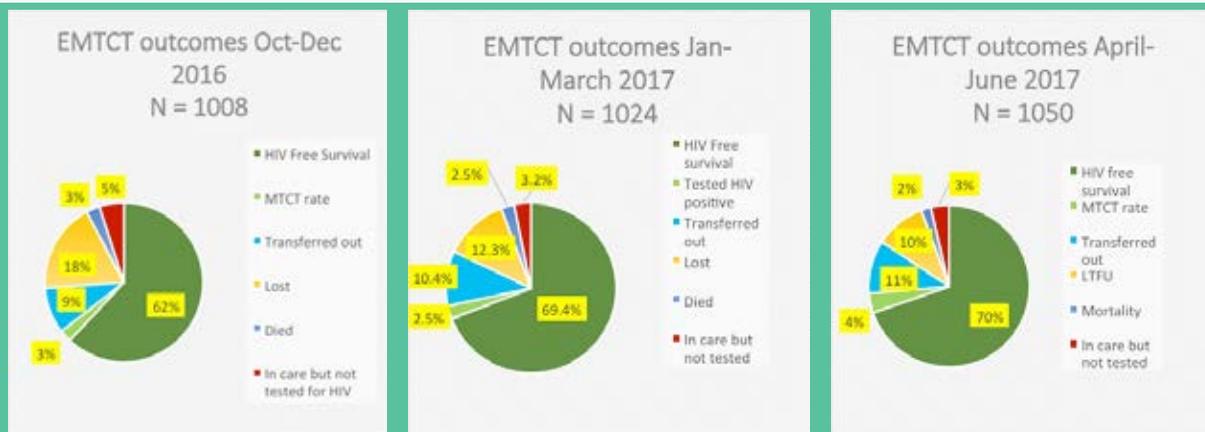
Adult Eligibility Criteria for HTS

- o Never tested
- o Have not had HIV test in the past 12 or more months
- o Presumptive TB or confirmed TB or history of TB
- o History of weight loss
- o History of loss of spouse
- o Sickly clients
- o STI current or past history
- o Hospitalization or history of hospitalization
- o Adults or adolescents with ongoing or recent risk:
 - Sex worker and men who have sex with Men
 - HIV negative partner in discordant couple
 - Partners of sex workers and men who have sex with men
 - Sexual and Gender Based Violence (rape and defilement)

Elimination of Mother to Child Transmission of HIV

The critical EMTCT outcomes include HIV free survival for HIV Exposed Infants (HEI) at 18 months of age and Mother to Child Transmission rate. Implementation of the current PMTCT option B+ policy contributed to an increase in HIV Free Survival at 18 months of age from 62% in October-December 2016 to 70% in April-June

2017. This achievement was attributed to training and mentorship of midwives in birth cohort and retention monitoring. The number of HEI Lost to Follow Up also reduced from 18% in Oct-Dec 2016 to 10% in April-June 2017.



Source: Baylor-Uganda 2017

Voluntary Medical Male Circumcision

For FY16, the project targeted to circumcise 46,681 males aged 10 to 49 years. By the end of September 2017, a total of 42192 eligible males (90% of the annual target) were circumcised. The project supported intensified mobilization and demand creation for VMMC through targeted demand creation using VMMC champions and community dialogue meetings where project and facility staff interfaced with the community political, opinion and religious leaders. In each community, VMMC champions

were identified and given targets. VMMC was delivered by district based dedicated VMMC providers and over 50 trained HWs who employ a mix of static and mobile VMMC through camps or outreaches managing up to an average of 3 camps per week per district per week. All circumcised men were vaccinated against tetanus and screened for HIV. 84% of the VMMC clients were followed up at least once in 14 days following circumcision.

EMCT Outcomes in Rwenzori Region -for the Reporting Period 2016-2017

300,000

pregnant & breast feeding women tested for HIV

9,368

identified positives

9,150

Enrolled on ART for EMTCT

7,202

exposed infants tested for HIV 1st PCR

321

HIV positive at 1st PCR

42,192

eligible males were circumcised

Key and Priority Populations

KPs:

A total of 1537 female sex workers received friendly sexual, reproductive and ART services during the year translating to 74% of the annual target. Kabarole district served 62% of their target while Kasese served 92% of their annual target. This achievement is attributed to continuing implementation of KP outreaches through moonlight clinics and safe space meetings. Kabarole district also served 35 Men who have Sex with Men during the reporting period.

PPs:

During the reporting period, 14654 were served constituting 40% of the annual target. Majority of PPs served were Boda-Boda riders, tea pluckers and truckers. Overall, Kamwenge, Kasese and Kyenjojo served more than 90% of their annual target. Mobilization of PPs was implemented using the peer led approach and also partnership with Community Based Organizations supporting PPs. Data on PPs was shared with the health facility proximal to the outreach using an improved HIV prevention register. Next financial year, the project will strengthen implementation of outreaches to PPs in Bundibugyo, Kabarole and Kyegegwa

Yield Results

KP/PP category	Total served	Total tested for HIV (eligible)	Total tested HIV positive	Known HIV positive	HTS yield	Positive initiated on ART	% Initiated on ART	% Initiated on ART
KP	Female sex workers	2448	2074	128	250	6%	106	83%
	MSM	56	56	2	0	4%	2	100%
PP	Truckers	379	375	16	0	4.3%	7	44%
	Fisher folks	1361	864	32	31	3.7%	31	97%
	Tea harvesters	1287	1283	55	3	4.3%	14	25%
	Boda-Boda	1462	1391	31	10	2.2%	27	87%
	Other PPs(Specify)	728	683	14	32	2.0%	11	79%

Source: Baylor-Uganda 2017

HIV/Gender Mainstreaming

Gender based violence remains a fuelling factor to the epidemic. It limits the number of community members accessing HIV test especially females, impacts greatly on their decision to start ART and its adherence requirements and subsequently affects the viral suppression.

Basing on the above, Baylor Uganda continues to support the districts to institutionalise all the mechanisms that prevent Gender based Violence with in the community, and improving the quality of GBV care to survivors.

To this effect, the stepping stones methodology has been rolled out to communities especially targeting KPs

and PPs as a means of empowering the communities to changes concerns relating to Gender and well known to contribute to HIV infections.

Baylor Uganda has supported the 8 districts of Rwenzori to train 120 stepping stones facilitators including the in school, out of school adolescents, boda riders, Barmaids, Housemaids, tea pluckers, Fish folk as well as female sex workers.

A total of 339 community health workers and 65 health facility staff were trained in GBV screening, and post GBV care service delivery. More 521 health care providers at health facilities, 61 Community Health workers and 48 CBO staff have been trained through onsite mentorship.

CARE AND TREATMENT

In line with the UNAIDS 90-90-90 strategy, the project supported the identification of new positives, enrolment into chronic care, timely ART initiation and the retention of all clients in care. The project registered an exponential rise in the number of clients on ART from 14,524 in June 2016 to 75269 (99% of HIV positives) by the end of June 2017. This was attributed to the roll out of test and start policy that has greatly reduced the number of clients on Pre-ART.

Anti-Retroviral Therapy

The proportion of children among all clients on ART improved from 3,785 in June 2016 to 3,808, with more than a half being from Fort Portal RRH and COE. This was a result of innovations that improved identification of HIV positive children. Efforts will focus on index client testing, evening testing for adolescents and children of KPs and PPs to identify and link more HIV positive children to care and treatment.

Viral Load (VL) uptake to monitor response to ART improved from 82% to 84%. This was attributed to the high adherence level of clients on ART at 89% (Target is 95%), high retention rates of all clients on ART at 91% (national target is 90%) and a strengthened community-facility linkage and referral framework. The roll out of the DSDM in the coming period will further sustain and improve VL uptake and suppression.

Adolescent Health Services

A total of 383 adolescents have been served since September 2016 at 80 high volume HFs. To improve adolescent health service delivery, adolescent peers and focal persons at health facilities were trained and mentored in provision of quality adolescent HIV/AIDS services. Additionally, play materials were provided and monthly adolescent peer meetings were supported.

HIV/TB Key Interventions at COE

During this reporting period, Baylor- Uganda supported TB and TB/HIV interventions through facility-based TB and TB/HIV mentorship and coaching visits prioritizing TB screening, TB treatment, infection control, logistics

management, and GeneXpert utilization at all supported HFs, while that of sample collection in children were conducted at 12 HFs above HC III. Monthly supervision for TB data collection, TB records management and reporting on TB services was supported.

Four (4) quarterly regional TB performance review meetings were supported, where action plans were generated to address identified gaps in performance and quality of care. This led to a positive trend in case notification except in April-June 2017 when the country experienced stock out of sputum containers, geneXpert cartridges and ZN reagents.

The annual target was to enroll 319 clients (80 per quarter) into care. By the end of June 2017, there were 7,768 clients in care (86% of the annual target, 115% of the cumulative target of 6,740). The age disaggregation of the clients in care was as follows; 57 (1%) were below the age of 1 year, 556 were 1-4 years old (7%), 1403 were 5-9 years old (18%), 1872 were 10-14 years old (24%), 1422 were 15-19 years old (18%), 901 were 20-24 years old (12%), 1461 were 25-49 years old (19%) and 96 were 50 years and older (1%). The largest age group are the 10-14 year olds depicting child hood survival due to ART. Offering intensive adherence counseling led to increased waiting time in the department and in a bid to improve the quality of this service, nurses and doctors were trained and are now offering on going adherence support to clients with a non-detected viral load. Viral load access in the last 12 months was at 103% (7,316/7,131) due to a quality improvement system where by the EMR chart is flagged for each visiting client who missed a VL with red bold message reading "DO VIRAL LOAD TODAY".

TB and TB/HIV Challenges and Responses

Challenge: Low index of suspicion for TB among health workers, leading to a low TB case detection

Response: National TB incidence targets have been set for every TB diagnostic unit depending on the catchment population

Challenge: Underutilization of GeneXpert testing services that are available at 5 sites in this region.

Response: Mentorships on geneXpert utilization were conducted and more hub riders were hired

Challenge: Inadequate implementation of infection control principles.

Response: Infection control committees have been set up at supported HF's and followed up to ensure functionality.

Challenge: Suboptimal implementation of community-based directly observed treatment short-course

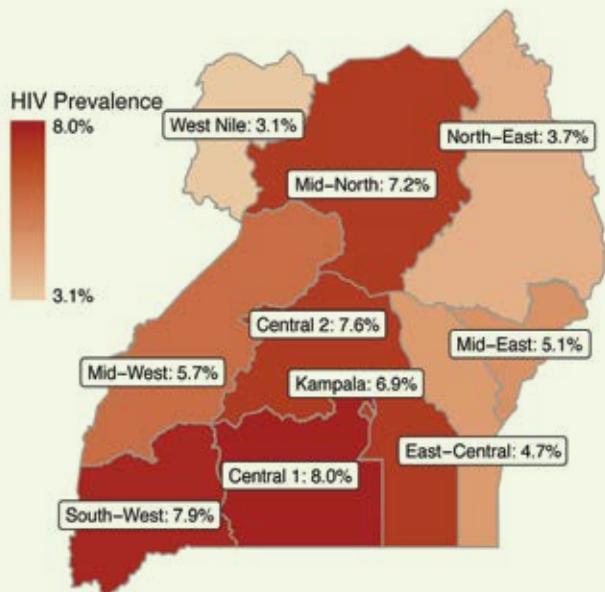
(CB-DOTS) and scheduled sputum-smear follow-up microscopy.

Response: The project continued to support sub-county health workers to follow up on TB patients in their communities and to bring them for sputum-smear microscopy as scheduled

Challenge: Poor data collection, records management and reporting by health facilities.

Response: The project provided HF's with data collection tools and supported on-site training on how to use them.

HIV prevalence among adults, by region



BAYLOR-Uganda supported regions performed well in the reduction of HIV prevalence

Source: Uganda Population-Based Hiv Impact Assessment UPHIA 2016-2017

UNICEF KARAMOJA PROJECT

The Scaling-up Access to Paediatric and Adolescent HIV/AIDS Services in Karamoja Sub-Region project, from July 2016-June 2017 conducted system strengthening activities in the Karamoja region aimed at improving demand, access and sustained utilisation of EID, Paediatric and adolescent HIV prevention, care and treatment services in the sub-region.

5.3% - 3.4%

reduction in HIV prevalence

66

health units were accredited to offer ART services

116

quality improvement projects were initiated in the Karamoja region

94%

HIV+ children < 15 years initiated on ART

PEDIATRIC HEMATOLOGY AND ONCOLOGY PROGRAMME



Beneficiary students in a group photo with Prime Minister Rugunda (centre in lenses)

In May 2015, Baylor-Uganda entered into a Memorandum of Agreement (MOA) with the Ministry of Health (MOH), Mulago National Referral Hospital, the Uganda Cancer Institute and Makerere College of Health Sciences to improve the care and treatment of children with cancer and blood disorders and to develop a Pediatric Hematology-Oncology Training Program.

The MOA focuses on building increased capacity in Uganda in pediatric hematology-oncology. Initial efforts included the successful design and implementation of a physician fellowship training program in pediatric hematology-oncology. Dr. Joseph Lubega, a fully trained PHO physician and assistant professor trained at Baylor College of Medicine and Texas Children's Cancer & Hematology Centers coordinates the programme. The inaugural class of four fellows was initiated in September 2016 and will complete training in August of 2018.

In order to curb this significant mortality of children in Uganda/East Africa due to cancer, sickle cell disease, and other blood diseases, Texas Children's Hospital and Baylor College of Medicine in collaboration with the Ministry of Health and other stakeholders, have started a collaboration to build capacity for delivery of pediatric haematology and oncology clinical, professional education, and research to ensure continued improvement in patient outcomes throughout the East African region.

Program Achievements: One Year Later

1. Community and patient engagement

- a. Developed closer partnership with various individual and organized foundations to have a concerted effort towards supporting children and families with

childhood cancer, namely Uganda Children's Cancer Foundation, Bless a Child Foundation, Nkesiga Cancer Foundation, Kawempe Home Care, and Aurora Foundation.

- b. Initiated the Sound of Hope and Red Carpet ceremony at which children and their families that complete cancer therapy are congratulated with the child walking down a red carpet and sounding a special bell on the children's ward. This marks a new journey of hope of cure for the child and family, and encouragement for patients undergoing treatment.
- c. Held the first ever Childhood Cancer Survivors' Camp at International School of Uganda – Lubowa campus in August 2017; the camp was attended by over 150 childhood cancer survivors.
- d. Over the last year, the parents of children undergoing cancer treatment have formed a parent's association to advocate for their needs and support each other.

2. Research

- a. Established a comprehensive pediatric tumor repository and clinical database focused on generating evidence-based approaches to adapting pediatric cancer treatment protocols from developed countries to Sub-Sahara Africa.



The National Pediatric and adolescent call centre staff

National Pediatric and Adolescent HIV/AIDS/TB Call Center (0800205555/0800305555)

Technical support on pediatric and adolescent HIV/AIDS/TB:

In order to provide real time technical responses to consultations raised by health workers across Uganda, a National Pediatric and Adolescent HIV/TB Call Center (NAPAC) was put in place. This was launched on 1st December 2015 at the International world AIDS day celebration in Kasese District by the minister of General duties Tarsis Kabwegyere on behalf of the President of Uganda. It is a toll free consultation service for health workers on pediatric HIV/AIDS/TB. It is open from Monday to Friday 8.00 a.m.- 5.00 p.m.

The Call Center is comprised of a team of talented and enthusiastic professionals which includes the Call Centre Supervisor, Call Operator, Medical Officers, Counsellors and Pharmacists who are supported by clinic specialists (Pediatricians, Physician) among others.

Health workers call the toll free line and depending on the type of consultation, they are connected to the relevant specialists who attend to them and clients' details are logged in the Customer Relations Manager (CRM). FAQs are then compiled with appropriate responses and disseminated to the Health workers in the facilities.

The centre received 2500 consultations in the period between December 2015 to date. 72% calls come from

nurses and clinical officers. Most of the calls are from HCIIIs and the frequently asked questions are about TB diagnosis and management, Opportunistic infections, Drugs, Treatment failure and PEP among others.

As a way of promoting awareness, the Call Center has featured in many national and international conferences and stake holder meetings showcasing its contribution to the UNAIDS Ambitious 90-90-90 target while highlighting the training needs in Pediatric and adolescent HIV/TB. The centre has realized tremendous achievements since its existence, through various presentations at various high profile conferences that have helped it gain more visibility.

In addition, Country wide Call center marketing to health workers at health facilities is ongoing, where posters, stickers and T-shirts are some of the promotional materials distributed to health workers all over the country as a way of encouraging them to make use of the service.

The call centre promises to be the number one reference in relation to HIV/TB inquiries from health workers all over the country. One of our objective is to ensure we create a platform for pediatric and adolescent HIV/AIDS/TB information exchange thus improving knowledge and skills of health workers and providing information for policy improvement



State Minister for Primary Health, Dr. Joyce Kaduchu (right) hands over Certificate of Exceptional Performance to Dr. Archbald Bayizi of Rukungyu HCIV

ELMA

Baylor-Uganda with support from the ELMA foundation is implementing a three year project *“The Unfinished business”* in four districts of Kabarole, Kyenjojo, Kasese and Kamwenge in Rwenzori region.

In spite of the great achievement made by Uganda in fighting the HIV epidemic, there was a big gap between ART coverage for children and adults by June 2015 at 32% and 52% respectively. This project therefore seeks to bridge the gap between pediatric treatment and adult treatment in the four Baylor-Uganda supported districts in Rwenzori region. The project is aimed towards improving earlier diagnosis of children and adolescents with HIV by increasing access to screening, testing, case finding and linkages to quality HIV treatment and support services. Baylor-Uganda will implement evidence based interventions to address the key challenges of identification of new HIV+ children and adolescents, linkage of identified HIV+ cases into care and retention in care of those already enrolled for lifelong provision of ARVs.

Project Goal: The goal of this intervention is to close the pediatric ART coverage gap over a period of two and a half years in the four target districts

Project Objectives:

- 1) Improve earlier diagnosis and enrolment of children and adolescents with HIV by increasing screening, testing, case finding and linkages to treatment and support.
- 2) Increase access to quality HIV treatment for children and adolescents

Summary of activities done.

Improve earlier diagnosis of children and adolescents

with HIV by increasing testing, screening, case finding and linkages to treatment and support.

Strengthen the provision of screening and testing services for HIV at all implementing sites.

Radio talk shows on Paediatric and Adolescent HIV care and treatment.

The radio platform provides an opportunity for the project to create demand for paediatric and adolescent HIV services. These talk shows were focusing on paediatric and adolescent HIV services i.e testing services, adherence to treatment and retention in care.

Strengthening screening for HTS eligibility at OPD

In order to improve yield at key entry points, the project conducted mentorships in paediatric and adolescent HTS at 40 Health facilities. At the 23 supported health facilities, a health worker was tasked to conduct screening for HTS at OPD. The yield has however remained low among children at 0.6 % and 1.2% among adolescents. This was attributed to the reduction in mother to child transmission and hence the reduced number of children identified to be HIV positive.

Know Your Child Status Campaign (KYCS).

The project supported health facilities to conduct KYCS campaigns as well as family tracking of index clients. Adults whose children’s HIV statuses were unknown were mobilized to bring their children to the health facility for HTS. HIV testing was also conducted at household level for those clients who were unable to bring their children to the health facility. These campaigns however provide an opportunity for adults in care to know their children’s HIV statuses.

HTS at private health facilities.

In order to increase access to HIV testing services for children and adolescents, the project extended HTS services to private health facilities. The project supported 15 private for profit health facilities to offer free HTS for children and adolescents as well as refer identified HIV positive children and adolescents to health facilities accredited to offer ART. A total of 619 children (54% female) and 740 adolescents (66% female) were tested at private health facilities.

Nutrition and Food Security



The visiting US Congress Delegation in a child feeding session at the COE

Malnutrition remains the biggest killer among young children contributing to 45% of under-five mortality. HIV infected individuals commonly present with moderate to severe malnutrition are more likely to die than malnourished individuals who are not infected with HIV.

During this reporting period, 87 health workers received a comprehensive didactic training in Outpatient and community Integrated Management of Acute Malnutrition (IMAM) while an additional 20 were trained in Inpatient Therapeutic Care component of IMAM. This is expected to improve treatment outcomes for malnourished clients and particularly improve cure rates and reduce case fatality rates.

480 health facility staffs were mentored and supported to conduct IYCF (Infant and Young Child Feeding), IMAM and NACS (Nutrition Assessment Counselling and Support) activities and 25 CBOs and 168 Community health workers oriented on basic nutrition assessment, referral and follow-up. In order to strengthen and make nutrition education more practical so as to improve knowledge, attitudes and practices in nutrition care, the

program supported food preparation demonstrations and demo gardens in 119 health facilities across the region.

The program continued to address gaps in equipment for nutrition assessment, IEC materials and job aids. The program provided 103 health facilities with weighing scales, height meters/boards and MUAC (Mid Upper Arm Circumference) tapes while 120 received revised IMAM guidelines and job aids.

Nutrition assessment among clients receiving HIV care has been maintained above 95% in the region. In the reporting period, over 10056 clients with Severe Acute Malnutrition (SAM) received therapeutic foods of which over 2087 were HIV positive. While all client with moderate acute malnutrition (MAM) were provided with nutrition counselling as per MoH guidelines.

Orphans and Vulnerable Children

The OVC program in Baylor-Uganda is implemented in the Rwenzori region and the Mulago Centre of Excellence under the SNAPS-West Project. OVC interventions are implemented under the 4 domains of Healthy, Safe, Stable and schooled.

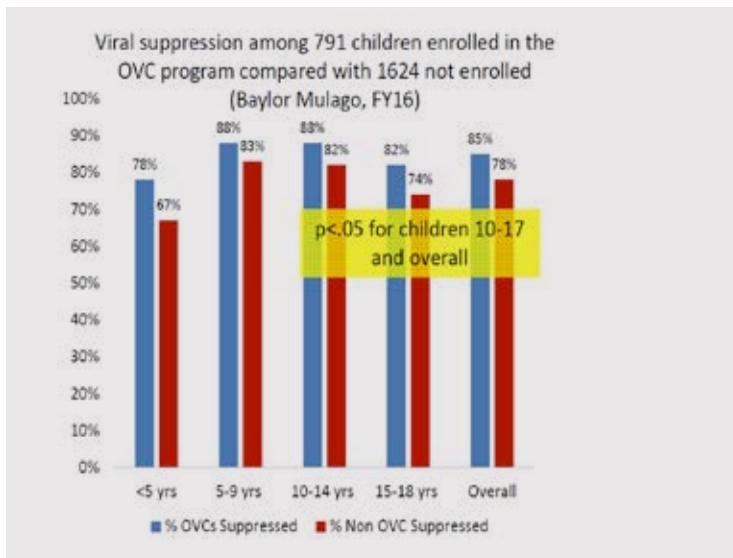
Two entry points have been used to identify OVC notably the Health Facility and the Community using community structures. The category of OVC served by Baylor Uganda includes exposed infants, Children infected and affected by HIV/AIDS, orphans as a result of HIV, adolescents in infected and affected by HIV and children of key populations.

Services provided to enrolled OVC and their families include HTS, linkage to care and adherence support to ensure suppression; Life skills training, apprenticeship training and entrepreneurship activities for adolescents and the youths. VSLA (Village Savings and Loan Associations) activities included financial literacy.

More tailored interventions aimed at ensuring clients are differentiated to receive ART in the most convenient way to improve retention and community ART distribution.

Additionally, Community Health Workers working alongside 81 sub-county CDOs and attached CBOs have been empowered to strengthen OVC programming (with support to at least 4 core program areas; child protection, health, education, food security and economic strengthening) across the 7 districts of the region. Collaboration between District Health Offices (DHO), Community Development Offices (CDO), Community Based Organizations (CBO), PHA networks and Faith Based Organizations (FBO) has improved ownership and coordination of service delivery. OVCs are periodically mapped and re-mapped using the Vulnerability Index tool developed by the Ministry of Gender, Labour, Culture and Social Development. Needs assessment for OVCs is conducted using the Child Status Index tool.

By the end of the reporting period a total of 12067(89% of the annual target) OVCs were served while 4 of the 7 districts have so far been supported to graduate OVCs from the program. Bundibugyo and Ntoroko as sustain



District were supported to graduate 224 children while working on transitioning OVC to other partners in the Districts. Organised groups of caregivers have been transitioned to operation wealth creation programs in the District of Ntoroko.

The transition process of OVCs continues and will be complete by September, 2017. In order to redefine the kind of services to be offered to the OVCs, meetings with caregivers of the OVCs are regularly held with 265 VSLA groups formed.

As Baylor-Uganda rolled out the strategy, there were some challenges like few referrals from the health facility to the community, incomplete feedback referrals as a result of distance, some clients do not have transport to reach referral sites, mobility of clients affecting routine follow-up, stock out of data tools i.e. referral forms and several needs of OVC households.

However, different strategies have been identified to address the following challenges such as continuous meetings between the health facility and CBOs at the community level. DCDOs, healthy facility staffs, other district teams and Baylor to harness joint support supervision to improve the Community Facility framework.

Community Home Based Care at the COE

Capacity building for Village Health Teams

In order to improve the quality of care for people living with HIV/AIDS and survival at the community, Baylor-Uganda conducted 2 days refresher training across the 7 zones of Nsangi, Kawempe, Mukono, Makindye, Rubaga, Nakawa and Central for Community Volunteers on HIV/AIDS community home based care with the overall goal of ensuring a high standard of holistic care that meets the physical, spiritual and psycho-social needs of all PHA's. They further had a 1 day refresher in HIV proficiency testing to equip them with better skills in testing

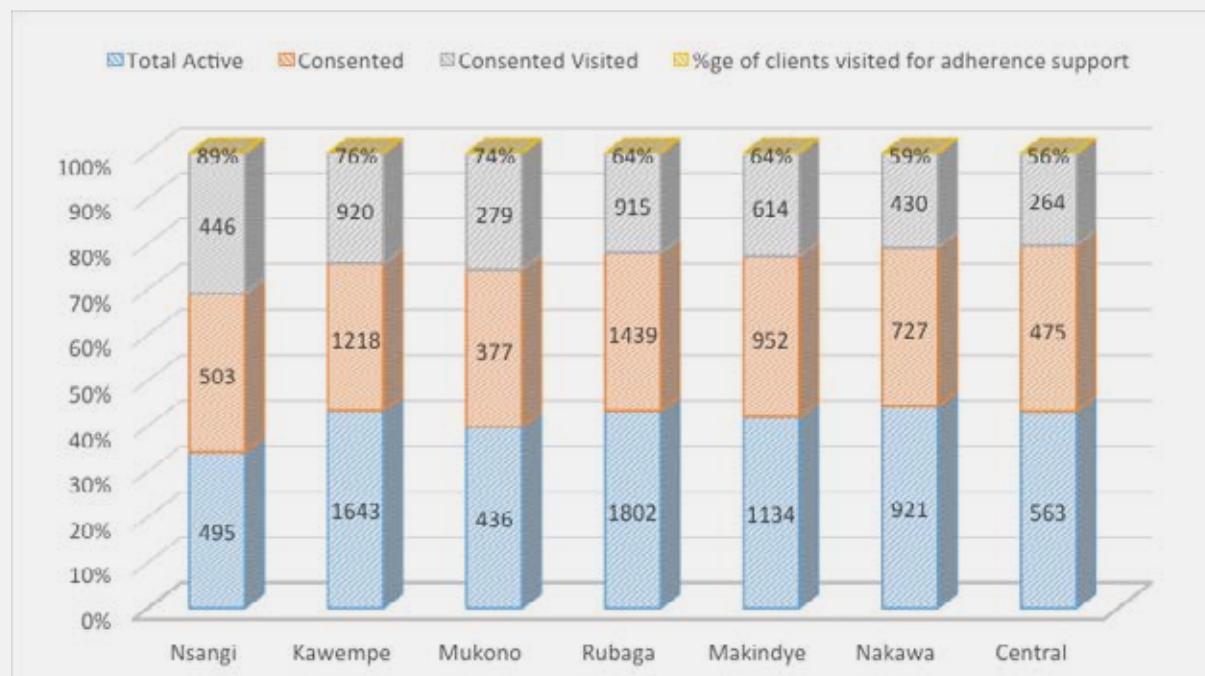
A total of 252 VHTs (58 males and 194 females) were trained and have capacity to encourage the uptake of health actions at home and community level for both HIV/AIDS community based intervention with a rich focus on pediatrics. Baylor-Uganda has a competent and

committed team that has increased demand creation for health services and improved ART client retention and adherence.

During the reporting period, there was a roll out of the Community-Health-Facility Linkage & Referral Framework which is aimed at achieving to facility frame work at COE among the community health linkage team to acquaint them with the enriched service delivery model at community level so as to contribute towards the 90-90-90 UN Targets.

Partners from Divisional/District Health offices from Baylor-Uganda areas of operation, District Community Development Officers, CBOs, Health facilities, Political and Religious Leaders participated.

Performance break down per zone



Source: Baylor-Uganda 2017

Men's Access Club

The men's access club now has a membership of 183 members. Majority of its members have transformed into business men. Their VSLA groups have grown bigger and has enabled them secure loans at a low interest rate from opportunity Bank.

44 men have been able to acquire loans from opportunity bank and started small business, acquired entrepreneur and business skills, supported their families as result of the income obtained, formed VSLA groups and extended

them to different divisions , some of the men are currently teaching community members on counter books making hence earning a living .

The VSLA groups include Balandiza kirose, Dembe group, Hope group, lubaga group, Makindye Group, Men's access development club, Agaliawamu group. The number of men escorting children to clinic on a clinic day has increased by 80 %.

Success story



Ambassador Deborah Malac (right) handing over a plaque to Vincent Nuwagaba

Vincent Nuwagaba was recognised by CDC as a PEPFAR Hero in October 2016.

Vincent is a counselor at Baylor-Uganda who firmly believes that men should be involved in the treatment and care of their HIV-positive children. After noticing that only mothers participated in caring for their children at Baylor-Uganda,

Vincent was inspired by the African proverb, "It takes a village to raise a child."

He decided to replicate that model by involving men in their children's care at Baylor-Uganda. Vincent initiated peer support meetings for male caretakers to identify why men were not involved. From this, he developed the Men's Access Club for all men who access care or care for HIV positive children at Baylor-Uganda.

Started in 2013, the Men's Access Club has normalized men bringing in their children for treatment, increased uptake of HIV counseling and testing, and provided income generating skills to its members. It has also promoted a saving culture among members, as members can pool their savings and loan each other money in times of need.

Vincent says: "Men were quite forgotten a lot. As such, the Men's Access Clubs could not be timelier. You can see how passionate they are, in attending their meetings and discussing issues that affect them. I'm happy because my men are happy."

Psychosocial Support

Baylor-Uganda uses different strategies to follow-up adolescents and youth to attain adherence to treatment and attainment of the second 90 in the 90-90-90

UNAIDS targets. We have 2 different support groups, the Adolescents (aged 9 to 15) and the youth aged (16 – 24 years). Out of these 985 are adolescents and 1377 are youth.

MATERNAL AND NEWBORN CARE

Ambassador Malac visits Neonatal Intensive Care unit at Kyenjojo Hospital



Saving Mothers Giving Life (SMGL)

Baylor-Uganda in partnership with the US government and the Uganda Ministry of Health piloted the Saving Mothers Giving Life project to reduce maternal mortality rates by 50% in Kabarole, Kyenjojo and Kamwenge districts. This year Baylor-Uganda through the Saving Mothers Giving Life project, celebrated increased availability of maternal and neonatal services at two additional service outlets at Kyarusoji HC IV in Kyenjojo and Rukunyu HC IV in Kamwenge districts.

With support from the United States Government and The ELMA Foundation the two units (like Kyenjojo hospital, Ntara and Bukuuku HC IV the year before) were refurbished and expanded from 6-bed capacity wards to 20 plus-bed units including neonatal intensive care units. These were equipped with life supporting and resuscitation equipment and staff recruited and skilled to manage sick and well newborns.

Kyarusoji and Rukunyu neonatal intensive care units opened their doors to their catchment communities for services in May 2017 and this has brought the total number of neonatal intensive care units to 7 in the 3 districts of Kabarole, Kamwenge and Kyenjojo.

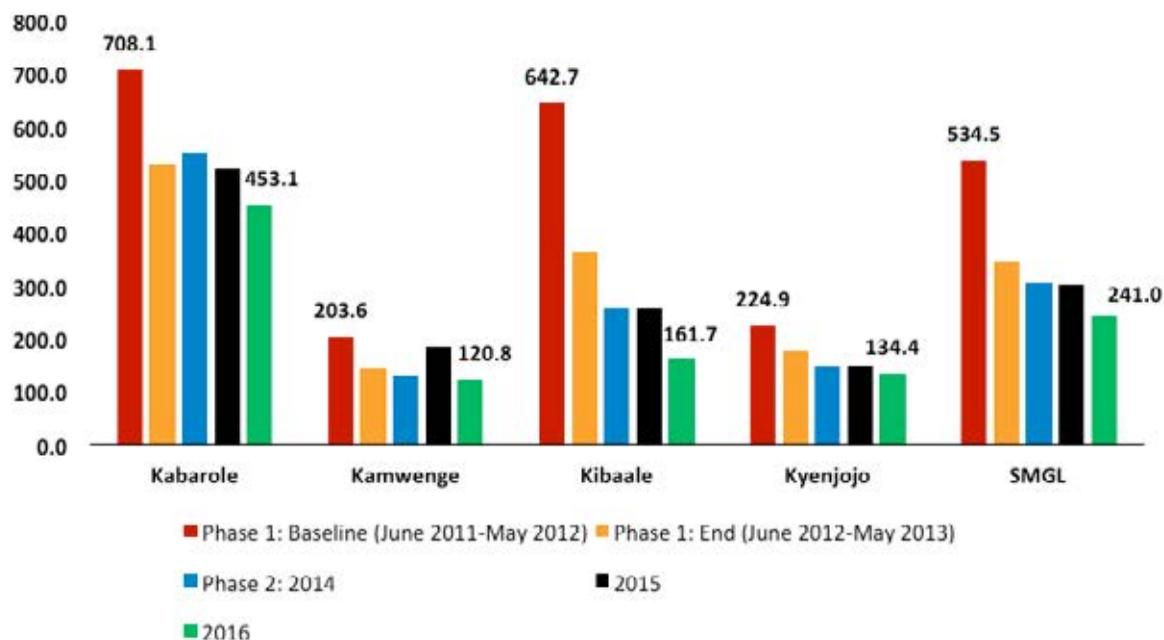
The establishment of these units has seen the number of sick and premature babies receiving intervention

increase from 1,776 in 2014 to 5,480 in 2017 (228%). Survival of newborns at these units has improved from 75% to 85% and the project has reduced pre-discharge neonatal mortality in Kabarole and Kyenjojo by 20% and 18% respectively.

On the maternal health front we continued mobilization at community level for service utilization; staff motivation through mentorship and performance based incentives and buffer stocking of essential medicines and supplies for quality service delivery; and support for the ambulance referral system for timely complications management.

The outcomes of this has been that maternal mortality has been impacted tremendously in the four implementing districts since project inception as shown in figure 2.

Figure 2: Institutional MMR Trends 2012 - 2016



Source: Baylor-Uganda 2017

Every Mother Counts (EMC) Boda For Mother Project

Baylor-Uganda with support from Every Mother Counts continues to implement a Boda for mother voucher program adjunct to the SMGL project interventions in the districts of Kabarole, Kamwenge, and Kyenjojo in Western Uganda.

The program aims to improve maternal health and decrease Maternal Mortality and Morbidity through provision of transport to mothers (using the motorcycles) from the community to the nearest health facility for the four (4) WHO recommended ANC visits, health facility delivery and post-natal care services.

Aware that most health facilities have inadequate staff, Boda for Mothers brought on board one Mama Ambassador stationed at each of the 78 health facilities

across the 3 SMGL districts, to complement the efforts of midwives in creating awareness among the mothers on the use of vouchers and demand for Maternal and Neonatal Health services. This was done through conducting health education to mothers at all ANC clinic visits.

Since April 2016, 4680 Health Education talks were conducted by the Mama Ambassadors in the 78 health facilities, whose reporting rate was at 91%.

During 2016 / 2017 Financial Year, women utilized the voucher to access their 1st ANC visit (18% of all ANC 1 visits), 9,634 women utilized the voucher to access ANC 4 (29% of all ANC 4 visits) and 9,802 women utilized it for delivery at a health facility (24% of all facility deliveries).

Success story



Sylvia Mbabazi – Beneficiary of the voucher project

Sylvia Mbabazi is a 24 year old mother of two living with her husband Geoffrey Ngabano, a 26 year old motor cyclist. They live in Kamusenene Village in Nkooma Sub County in Kamwenge district. From childhood Sylvia always saw the women in her village give birth from their homes with the help of the Traditional Birth Attendants (TBAs).

When Sylvia was pregnant with her first child, she despised the hospital treatments and believed the TBAs who had successfully managed to brain wash most of the women in the village with false information that the white man's medicine was dangerous and they therefore should use their herbs which have no side effects.

Sylvia still speaks about her first delivery with so much pain and regret. She was taken to a TBA who gave her a lot of herbs to drink. The TBA told her that the herbs would smoothen the process of the labour and enable her to give birth within a very short time. Mbabazi couldn't describe the bitter herbs as she didn't know the contents in the concoction but by the time she finished galloping the mixture, she had started experiencing contractions. Sylvia says "I felt life was slowly draining out of me".

She felt her tummy was clogged and could feel the baby's vigorous movements. She said "At this time the pain was

beyond any pain I have ever experienced in my entire life". This struggle that seemed to have gone on forever made both her and her baby tired and Sylvia stopped feeling the movements. When Sylvia finally managed to deliver she sustained tears that were not stitched by the TBA. Her wounds became septic and did not heal until she received medication from nearby Omukanyinya Clinic.

Her baby also got complications; at four years the boy cannot speak, walk or sit on his own. He has to be supported by someone or else he will fall off the chair. She believes this was a result of the herbs she was given.

When Sylvia was expecting her second child, she was not ready to go through the same experience. Her mother who has been a VHT for close to five years told her about a Voucher card which she had to buy at only 1,000UGX but would help her be able to attend all her four Antenatal Care (ANC) visits, take her to hospital at the time for delivery and also take her back to the health facility for her first Postnatal visit (PNC). This was music in Sylvia's ears because she wasn't ready to risk her life or the life of her second unborn child. Mbabazi was also happy because she was going to save on transport costs since ordinarily it's about UGX 12, 000 UGX on a boda boda from her home to Rwamwanja Health Centre III, 7km away.

Sylvia says she didn't encounter any challenges during her second pregnancy because both her and the unborn child's health were being monitored from the health facility throughout the nine months and she was in perfect health.

On the 11th March 2017 Sylvia was picked by a boda for mother rider from her home and taken to Rwamwanja HC III where she gave birth to a healthy baby girl at 10pm. Sylvia liked the treatment and care the nurses gave her at the facility because it wasn't comparable to the one she got during her first delivery with the TBA. She didn't get any complications and her baby is in perfect health today. She is so grateful to Baylor-Uganda that has empowered the VHTs in their villages to teach them about the dangers of TBAs and provided services for them at nearby health facilities. She wishes all women will come out of that trap and begin to access safe services like she did.

HEALTH SYSTEMS STRENGTHENING



Deputy CDC Country Director
Theresa Wingate commissioning
Kapelebyong HCIV Laboratory in
Amuria District

During the reporting period, the College of American Pathologists accredited the COE laboratory for another two years (June 2017- June 2019). It is the third time in a row that we have been accredited.

Laboratory Services

Baylor-Uganda continued to support Strengthening Laboratory Management towards Accreditation (SLMTA) activities, infrastructure improvement, transportation and linkage systems, laboratory staff capacity building and staffing in the partnership districts in the East, West Nile and Rwenzori regions.

Laboratory refurbishments worth 5.1 Billion shillings have been supported including provision of solar energy systems for back-up power, and water. This has increased overall access to laboratory tests.

For Eastern region the following laboratories were refurbished; Kapelebyong HCIV (Shs.315,400,725), Ngora HCIV (Shs.308,836,800), Katakwi Hospital (Shs.217,780,504), Amuria HCIV (Shs.52,582,200) and Kaberamaido HCIV (Shs.54,657,600).

Refurbished laboratories in Rwenzori region include: Bundibugyo Hospital (Shs.591, 895,965), Kyenjojo Hospital (Shs.548, 750,385), Rukunyu HCIV (Shs.

586,234,715) and Kilembe Hospital (Shs.78, 384,624).

In West Nile region the following labs were refurbished; Warr HC-III (Shs.560, 248,543), Rhino Camp (Shs. 507,343,065) and Koboko HC-IV (Shs.479, 016,870). The main laboratory has continued to support eleven hub laboratories in the monthly specimen inter-laboratory comparability scheme. This has positively impacted on the quality of testing at the hub laboratories thereby resulting in an increased trend of laboratory testing volumes. However, there was an overall reduction in the number of CD4 tests run due to a switch in MoH policy for routine monitoring of patients on ART from CD4 to viral load.

During this period, the project team maintained uninterrupted supply of reagents by ensuring timely ordering of consumables from Medical Access Uganda Ltd (MAUL) and procurement of items not provided for on the MAUL list. Due to our excellent services, we were awarded a silver medal from MAUL for using Navision.

Health Financing through Performance Based Sub-Grants



State Minister for Primary Health, Dr. Joyce Kaduchu (right) commissions Sub Grant Awards for Rwenzori Region

Baylor-Uganda continued to support all eight District Local Governments, CBOs and PHA networks in Rwenzori with funds comprising 30% of the total CDC grant.

Sub-grants supplement the government primary health care conditional grants which are always not enough to cover all the health units' needs. 168 sub-grantees were provided with quarterly sub-grants including; 125 health facilities, 7 DHOs, 7 District Community Development Offices (DCDOs), 7 district forums for People Living with HIV/AIDS) networks and 25 CBOs.

During the period Baylor-Uganda released a total of UGX 2,429,778,500 as sub grants to support health units within the eight programme districts to implement activities in the area of HIV, MCH and TB management and a total of UGX 819,169,851 to 25 CBOs to support OVC and community health facility linkages and referral activities. All the supported activities were aligned to the UN goal of 90:90:90. In June 2017 a ceremonial handover of sub grant was held at Boma grounds Fort portal and officiated by the Minister of State for Primary Health Dr. Joyce Kaducu Moriku

Pharmacy Services

Baylor-Uganda has over the years placed major focus on building capacity of district & health facility systems to improve health sector performance and the quality of healthcare. Among the comprehensive systems support package provided to districts and health facilities we have played a key role in improving access and availability of life saving HIV health supplies using multi-pronged strategies including; building capacity of health workers, bulk SMS reminders on ordering timelines, tracking of stock levels in the region as well as supporting redistribution of supplies, strengthening of bimonthly online ordering, coordination efforts of Medicines Management Supervisors (MMS) to improve quality of services. These efforts have improved availability of ARVs and medicines for HIV related opportunistic infections in the 8 districts of Rwenzori region from 60% in 2012 to 90% (June 2017).

We support a Pediatric Infectious Diseases Clinic (PIDC) housed within the Children's Centre Of Excellence (COE) serving 7,600 clients and also support Post-Natal Clinic (PNC) of Mulago Hospital serving 100 HIV positive children and 600 babies exposed to HIV. These numbers are the highest in Africa being treated in one service delivery point. Despite the high number and the complexity of managing children with HIV, Baylor-Uganda team has consistently excelled in planning and managing medicines for these special group. As a result, we received a Golden Award for exemplary logistics management for HIV commodities, from Medical Access's Procurement and Supply chain Strengthening Project (PSSP).

Achievements:

We are supporting districts and Health Facilities to build capacity of Health Workers to use an online tool for ordering ARVs and related commodities. The online ordering tool is now fully functional.

We have supported Ministry of Health efforts to computerize inventory management for medicines in all high volume health facilities using Rxsolution software package.

The Rxsolution has been installed in all 19 high volume health facilities, namely; Busaru HCIV, Bundibugyo Hospital, Nyahuka HCIV, Kikyo HCIV (in Bundibugyo District); Karugutu HCIV (in Ntoroko District); Bukuku HCIV, Kataraka HCIV, Kida Hospital (in Kabarole District); Rwimi HCIII, Kibiito HCIV (in Bunyagabu District); Hima HCIII, Kilembe Hospital, Bwera Hospital (in Kasese District); Rwamwanja HCIII, Rukunyu HCIV, Ntara HCIV (in Kamwenge District); Kyarusozzi HCIV, Kyenjojo Hospital (in Kyenjojo District) and Kyegegwa HCIV (in Kyegegwa District).

By computerizing medicine stores in facilities we are helping curb theft of medicines, reduce wastage to expiration, track stock levels to prevent stock outs and overstocking. Further to improve accountability for medical commodities, we have supported annual medicines inventory audits.

We have disseminated reporting tools on adverse drug reactions, 85 out of 127 supported health facilities in Rwenzori region now have a focal person coordinating detection and reporting of adverse drug reactions, we plan to scale up this support to all supported health facilities.



Baylor Uganda Staff display their Golden Pharmacy Award

Caring Together

In partnership with Pepal (UK) and Janssen Pharmaceuticals, and funding from UK's Comic Relief, Baylor-Uganda has continued to roll-out the implementation of the Caring Together project in 270 health facilities in Eastern and Rwenzori regions since 2015. The project aims to improve the quality of health services delivered by creating cross-sector, participatory innovation platforms, to strengthen leadership skills and motivation of frontline health workers.

The project has created a cadre of 83 health worker mentors recommended by the District Health Officers (DHOs) across 16 districts in Rwenzori and Eastern Uganda. Leadership is enhanced through quarterly facility-based training on key leadership modules including teamwork, time management, communication, team performance reviews, conflict management, and situational leadership.

The project has addressed the operational leadership gaps at health facilities through training and mentorship of frontline health workers with routine district engagement and performance feedback.

In addition, the project has been able to provide orientation and leadership skills to health unit management committees and sub-county leaders

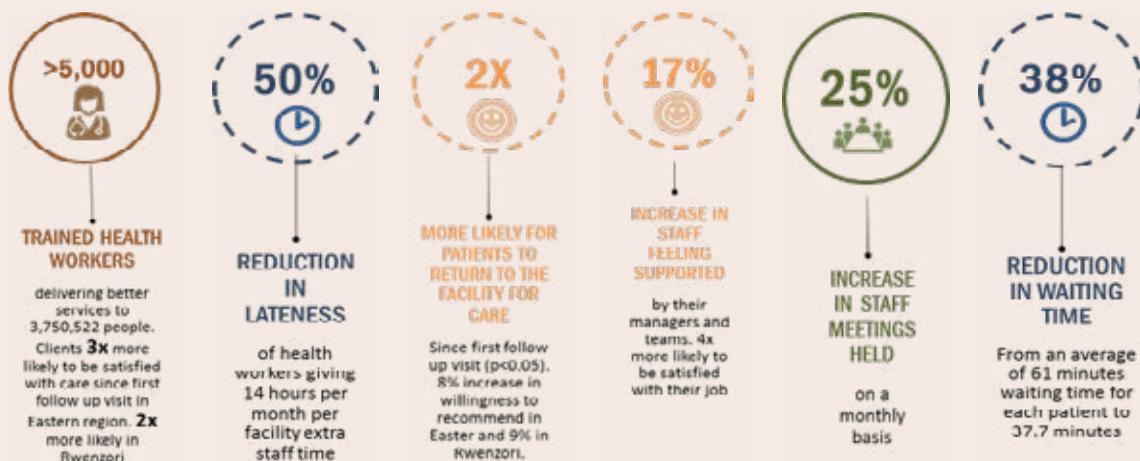
in all 16 districts and roll-out staff meeting books to encourage monthly staff meetings. Through cross-sector collaboration among our Caring Together mentors with international participants from Janssen Pharmaceutica and NHS leaders from the UK, the project has developed new solutions to improving quality of care at health facilities.

Recognising good leadership on World AIDS Day

On World AIDS Day 2016, the Caring Together project worked alongside the district rewards and sanctions committee to reward health facilities exhibiting good leadership performance.



UNAIDS Country Director Amakobe Sande (second left) dances with children at COE; a demonstration of continued Partnership and Networking





The Community-Health-Facility Linkage and Referral Framework

In February 2017, Baylor-Uganda, supported by CDC implemented the Community Facility Linkage Framework. A community-facility linkage is defined as a formalized connection between a health facility and the communities it serves to improve health outcomes. The community-facility health services model comprises 25 CBOs/PHA groups in Rwenzori Region and 9 CBOs in Kampala, Mukono and Wakiso. The CBOs were assessed and sub-granted to implement key activities aligned to the UNAIDS 90-90-90 targets.

Linkage desks were established in 119 health facilities in Rwenzori Region and 133 Linkage and Referral Assistants identified, trained and supported to coordinate linkage/ referral processes with the identified CBO/PHA groups. All CBOs were supported to recruit other staffs to strengthen the Human Resources to implement the Community Facility Framework.

From Baylor-Uganda's experience, the Community Facility Framework has been rolled out based on the

following guiding principles: Tailor community strategies and activities to the local context, Align with and support national plans and frameworks, Adopt the human rights-based approach, Involve people living with HIV, Build on existing structures and resources, Encourage greater integration of health services, and Ensure quality of community-level health communication and services.

As a result of the bi-directional linkages, 10,401 individuals were referred from the community to the facilities, and of these 8340 received the service indicating 80% completeness of referrals. The number of referrals from facility to community was 2,575 individuals and of these 2032 received the service in the community indicating 79% completeness of referrals.

The service most referred for to the health facility was HTS representing 57% of the overall services referrals. The retention of all clients living with HIV in care improved from 87% to 91%.

Strategic Information

Over the reporting period, the project M&E team with support from Monitoring and Evaluation Technical Support (METS) programme Technical Team supported the District Biostatisticians, HMIS focal persons to strengthen the quality of data management through joint data collection exercises, technical support supervision, validation through desk reviews and data cleaning at entry level for each of the seven districts. Additionally logistical support in form of internet modems and bundles, computers for Open MRS to sites in need, patient files, filing cabinets and suspension files were procured and distributed to facilities in need.

Baylor-supported health units conducted site level monthly data reviews and updating of cascades and PMPs for tracer indicators and reports were shared with

key stakeholders. On a monthly and at the end of June 2017, reporting rates across the region through the DHIS2 was monitored jointly by METS and the Baylor M&E technical teams. METS was supported by the M&E team to distribute and mentor health facility staff in additional MOH data capture tools like presumptive TB registers, SGBV registers, HTS registers, community-facility referral registers across

sites in need the region. The project conducted training and post training mentorships of 128 MRAs in compilation of HMIS 106 reports. Additionally, 7 Biostatisticians and HMIS focal persons were trained in Open MRS upgrade from 1.6.3 to Uganda EMR 1.11.6 as well as data modelling for data utilization. The reporting rate improved to 96% in DHIS2 above the targeted 90% by MOH.

Capacity Building Programs for Income Generation

Baylor-Uganda has continued to strengthen Human Resources for Health, a key tenet for improving health systems. In 2016 the MoH released the new HIV consolidated treatment guidelines. Baylor-Uganda conducted didactic and onsite guidelines trainings achieving 320 national trainers for Eastern and Rwenzori regions and onsite training of 711 health workers. Altogether 837 health workers were trained by July 2017. The training department also supported CBO trainings for the community facility linkage frame work and provision of differentiated models of service delivery.

Cost-share initiatives for local and International capacity building Aligned to its strategic plan 2013-2018, Baylor-Uganda has commenced on the process of establishing a training centre in order to generate income to sustain programme work.

During the year Baylor-Uganda initiated attractive training programs and packages targeting both local and international audiences in the following areas:

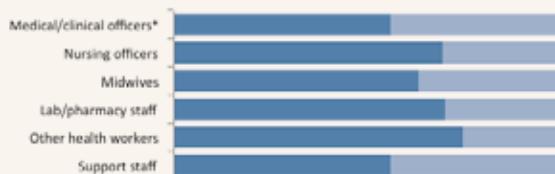
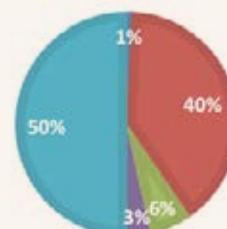
1. Continuous Professional Development: study tours/ demonstrations, lectures and case study discussions;
2. Internship for international under- graduate and post-graduate students;

3. Implementation of selected relevant one-week short courses;
4. Provision of consultancy services in training and mentorship to other organisations.

The products will be rolled out in the next reporting period.

NUMBER OF SITES

■ HC II ■ HC III ■ HC IV ■ Hospital ■ Total





Dr. Patricia, Mahnaz and a colleague during the annual HPTN Meeting 9-13 April 2017, Washington, D.C. USA

In the past year, the research department has gone through tremendous growth as a result of new collaborations, studies and networks. A research core team with over 60 staff is in place to support programme and the community research needs. The Community Advisory Board (CAB) has been restructured and expanded.

Baylor-Uganda has contributed to the Uganda pediatric HIV care and treatment policies through enhanced capacity building and knowledge management by conducting HIV related research sponsored locally and internationally.

During the reporting period we conducted 14 studies, 5 implementation studies, 3 clinical trials and made 58 presentations, both poster and oral.

Baylor-Uganda has gained affiliation to the HPTN network as a protocol specific site. The research pharmacy has been extended to cater for the pharmacy hood or chemosphere in order to handle Investigational new drug studies as well as vaccine trials. The research staff have

gone through various trainings, attended study network meetings and workshops as part of preparation for new studies and to strengthen skills. These include training on the injectable as part of preparations for HPTN 084 study at John Hopkins University; annual network (IMPAACT, HPTN, PENTA for Odyssey, CAFGEN) meetings; study protocol trainings (IMPAACT 2010, Odyssey); Onsite HSP training for e peers, counsellors and field research assistants; Community Advisory Board training; and excel & power point presentations skills.

Research staff, nursing and nutrition staff have moved into a brand new storied prefab structure, addressing space constraints.

1	Johnson Ondiek	Multi-country validation of SAMBA - A novel molecular point-of-care test for HIV-1 detection in resource-limited settings	09/06/2017	JAIDS Journal of Acquired Immune Deficiency Syndromes
2	Rogers Ssebunya	Antiretroviral therapy initiation within seven days of enrolment: outcomes and time to undetectable viral load among children at an urban HIV clinic in Uganda	19-Jun-17	BMC Infectious Diseases
3	Jonathan Izudi	Quality Improvement Interventions for Nutritional Assessment among Pregnant Mothers in Northeastern Uganda	Volume 2017 (2017), Article ID 8036535, 6 pages	BioMed Research International
4	Adeodata Kekitiinwa	Virologic Response to First-line Efavirenz- or Nevirapine-based Antiretroviral Therapy in HIV-infected African Children.	2017 Jun;36(6):588-594	Pediatr Infect Dis J
5	Busisiwe C Mlotshwa	The collaborative African genomics network training program: a trainee perspective on training the next generation of African scientists	2017 Apr 6. Epub 2017 Apr 6	Genet Med
6	Adeodata Kekitiinwa	Virologic Response to First-Line Efavirenz- or Nevirapine-Based Anti- Retroviral Therapy in HIV-Infected African Children.	2016 Dec 23. Epub 2016 Dec 23	Pediatr Infect Dis J
7	Andrew J Prendergast	Reduced bacterial skin infections in HIV-infected African children randomized to long-term Cotrimoxazole prophylaxis.	2016 Nov; 30(18):2823-2829	AIDS
8	Jonathan Izudi	Quality Improvement Interventions for Early HIV Infant Diagnosis in Northeastern Uganda.	2016 26;2016:5625364. Epub 2016 Dec 26	Biomed Res Int

In the past year, the research department has gone through tremendous growth as a result of new collaborations, studies and networks. In order to cater for the programme and the community research needs this has led to the establishment of the research core team with over 60 staff supporting the department; expansion and restructure of the Community Advisory Board (CAB) the KPP Sub-CAB, Maternal Sub-CAB and Adolescent Sub-CAB that feeds into a main CAB; planned building of a storied prefab to house research staff, nursing and nutrition; affiliation to the HPTN network as a protocol specific site; and planned extension of the research pharmacy to cater for the pharmacy hood

or chemosphere in order to handle Investigational new drug studies as well as vaccine trials. The research staff have gone through various trainings, attended different study network meetings and workshops as part of preparation for new studies and to strengthen skills. These include training on the injectable as part of preparations for HPTN 084 study at John Hopkins University; annual network (IMPAACT, HPTN, PENTA for Odyssey, CAFGEN) meetings; study protocol trainings(IMPAACT 2010, Odyssey) ; Onsite HSP training for the peers and counsellors, field research assistants; Community Advisory Board training; and excel & power point presentations skills.

○ COMMUNICATION AND ADVOCACY



The Prime Minister, Dr. Ruhakana Rugunda receives a souvenir photo from ED Dr. Addy

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). Facebook is Uganda's main social media network with over 2 million people actively engaged on Facebook each day. Baylor-Uganda's Facebook page has almost 4000 organic (unpaid) likes.

Increased Social Media engagement

1000 of these likes have been recorded in the past seven months alone. Up to 20 people have been recorded to like the page in a single day. At least each day, someone likes the Baylor-Uganda Facebook page. Our engagement has so often been recorded in thousands with many people liking, commenting and sharing out posts with their friends. Facebook is virgin land for Baylor Uganda to reach her specific demographic (15-24yrs) fast!

A New Website

Baylor-Uganda now has a website with high resolution partner icons. The website has updated information about the organisation and a number of new and interesting features like the Donate button that gives opportunity for the general public to support the organization; and the success

stories column that ensures all visitors on the website are able to see the heart of Baylor Uganda's work. Success stories have been categorised according to the four program areas.

High definition videos and pictures

The PR office has supported the Call centre team in the production of a high definition documentary that will be used by the business team to garner support for the expansion of call centre activities.

Networking

The unit has been able to coordinate protocol services for the visiting dignitaries, notably the Minister of Health, Hon. Dr. Jane Aceng, the UNAIDS Country Director Ms. Amakobe Sande and the visit of Baylor-Uganda delegation to meet the Prime Minister, Hon. Ruhakana Rugunda.



OPERATIONS



Board Chairman opens Kyarusizi HCIV Maternity Unit, Kyenjojo District

Operations Management

Management focus was more on fine-tuning Operations systems and processes by empowering the teams to step up their roles in delivering excellent services to staff, districts and all stakeholders during the 5 – year project life cycle. Many of the function manuals of operations and SOPs have been reviewed and revised to reflect the current best-practices.

There are inter-directorate collaboration, especially with Operations and finance directorate to upgrade the NAVISION financial management system, as well as revised the per diem policy – hotel service providers were identified to accommodate staff, while an out-of-pocket is given to all staff using mobile money platform. The team has been able to support close out of two projects – SAINTS project and the CDC funded East-West Nile Project in March 2016 where many of the equipment and assets from the closed projects were distributed to

the health facilities and others realigned to support the on-going other CDC funded programs in Rwenzori region. Pending assignments

- The team has not been able to complete the digitalization of all documents. The process was started, but shall be completed in other subsequent funding mechanisms.

Procurement

The establishment of Procurement Evaluation and Contracts committees has made the procurement process smooth and therefore we ensured that there was competitive bidding processes while ensuring value for money for procurement of the medicines and health supplies, supplies as well as works for civil, mechanical and electrical assignments.

A procurement plan for the year has always been drawn and this has been followed up in liaison with

the respective budget holders during the period. The procurement function ensured that office chairs, tables, waiting benches and dispensing tables were procured, delivered and distributed to the health facilities in the 16 districts of the closed East West Nile Project.

Next steps

- Complete revision and upgrading of the Procurement Manual
- Implement an e-procurement training of all staff

Information Technology

Following the Operations Team Retreat, the IT function has conducted an assessment of the status of all IT equipment, hardware and software in order to identify and fill in any IT equipment in view of the closed projects. There has been continued improvement in the Internet connectivity and the team embarked on the development of Baylor Uganda website

Administration

Earlier in the year, Administration, in collaboration with HR and senior management changed the title of drivers to Fleet and Distribution Assistants (F&DA) and revised their job descriptions to include logistical support. The F&Ds have been trained in customer care, defensive driving and logistics management. They have been empowered to handle workshops, trainings and meetings and given a uniform to match their new roles.

Administration has continued to conduct asset verification exercises twice a year as part of ensuring clean fixed asset registers. With the revised NAVISION, the team is now able to track effectively all. The security team is now part of the technical support supervision team where they have been able to support the COE as well as regional offices.

Facilities

During the year, in collaboration with district administrations across the 16 Baylor districts, three (3) health facility Laboratories have been renovated in Kyenjojo, Bundibugyo and Rukunyu, three (4) maternities/NICUs refurbished and equipped in Bukuku, (Kabarole district) Kyenjojo, Rukunyu (in Kamwenge District) and Kyarusozo in Kyenjojo District). A number of Adolescent friendly centres and laboratories were refurbished in the Teso sub region in addition to installation of solar structures to support the Maternities, Laboratories and other points of care (see table below). Incinerators were renovated as part of the support towards waste management and these were completed using a Makerere University Technology Department model. In all these works, management engaged both civil and electrical engineers as consultants to oversee all these works, who worked in collaboration with districts engineering teams



One of the newly refurbished Bundibugyo Hospital Laboratories. Baylor Uganda has renovated over 40 health facilities in Eastern and Rwenzori regions

HUMAN RESOURCES DEPARTMENT



Baylor Uganda gets Head of Human Resources **Julius Byamukama**

Julius Byamukama is an experienced Human Resources Management professional. He is an Associate Consultant/Lecturer at Uganda Management Institute in the Department of Human Resources and Organisation Studies. He is Chartered Associate Member of the **Institute of Chartered Secretaries and Administrators, London, UK (ACIS)**. He holds professional practice certificates of Competence in Occupational Personality Questionnaires (OPQ) and Occupational Testing (OT) from SHL South Africa and he obtained a **Meritorious Master of Business Administration** degree specializing in Employee Relations from the University Of Leicester (MBA), UK in 2012.

He is **Chartered Member of the Chartered Institute of Personnel & Development (UK)** the world's foremost professional certification Body of Human Resource Management Practitioners. Julius has worked in both the private and public sectors in Human Resource & General Management.

Staff Development

Future Female Leadership fellowship Program by the Federation of Uganda Employers: Four female managers graduated from the leadership program as part of our succession planning agenda:

1. Dr. Denise Birungi – Manager Prevention;
2. Sandra Amodot – Manager Community Services;
3. Dr. Jacqueline Balungi – Manager Clinical Services
4. Dr. Harriet Bitimwine – Manager Pediatric and Adolescent Care and Treatment



Staff E-Learning Platform: In 2016-2017, the HR Directorate in partnership with the Global Health Corps recruited an e-Learning Global Health Fellow (Renaee Keeley) from the USA. She was instrumental in setting up an e-learning platform (<https://elearning.baylor-uganda.org/>) enabling staff to take e-learning courses on the

go. Over 50 staff have received certification through the e-learning platform. In the next financial year, the HR Directorate will partner with renowned e-learning content providers and purchase licenses to allow staff a wider choice of both technical and soft skills courses.

Moving on

- Dr. Miriam Murungi to the ministry of Health
- Dr. Barbara Asire to UNICEF as Adolescent Health and HIV specialist
- Dr. Rita Atugonza to Ministry of Health
- Willy Bikokye Kafeero to CDC – Uganda Strategic Information branch

Moving on for greater heights

Promotions

- Dr. Daniel Kasozi from COE medical officer to Rwenzori region as SMC coordinator
- Dr. Paul Tumbu from Program Manager to Deputy Director Programs
- Mr. Michael Koima Musiime from Regional data officer to Monitoring Evaluation and Learning Manager
- Dr. Violet Korutaro from study coordinator to Clinical Research Site team leader

Building a culture of Quality Practice at Baylor-Uganda

Quality Improvement (QI) is one of the components of Quality Assurance (the others being Quality Design and Quality Control). It identifies where gaps exist between services actually provided and the expectation for the service, and serves to lessen these gaps not only to meet client needs and expectations but to exceed them and attain unprecedented levels of performance. QI tools and methodologies have been applied at all the 286 supported health facilities (90 Eastern, 124 Rwenzori, 66 Karamoja Regions), the Centre of Excellence at Mulago Hospital and 23 District Health Offices (8 Eastern, 8 Rwenzori, 7 Karamoja Regions).

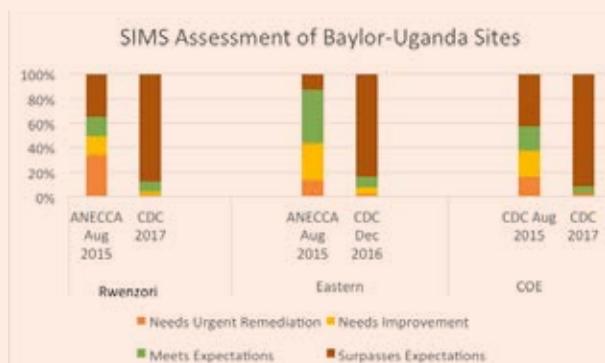
This has been through the Baylor-Uganda QI management structure that provides technical assistance to supported districts and health facilities, in partnership with the Quality Assurance and Inspection Division of Ministry of Health (MOH). During implementation of the First Phase of QI (5S) to organize and clean the workplace, Baylor-Uganda refurbished 9 laboratories, 5 ART clinics, 4 Maternity Wards/NICUs and 1 Operation Theatre, constructed 7 incinerators and waste pits, procured waste bins and furniture. This has led to efficient and effective use of resources and time, improved infection control, enhanced staff motivation and job satisfaction, and attractive health facilities.

In the 2nd Phase of QI, District and health facility QI Teams initiated 739 QI Projects, of which 177 were completed while 450 are still on-going. These were implemented using the QI Collaborative approach, leading to improvements in HIV positivity yield, linkage of HIV positives to care, initiation and adherence to ART and Viral Load suppression. Maternal and New Born indicators also significantly improved.

In order to cultivate a culture that pursues excellence and rejects poor quality, Baylor-Uganda through its Caring Together Project embraced the 3rd phase of QI (Total Quality Management) by building the capacity of 16 District Health Management Teams and 210 Health Unit Management Teams to offer stewardship and leadership for quality health services. This has ensured that politicians, healthcare providers and the community work together as a team to institutionalize quality improvement in our healthcare system, which culture of quality has become the basis upon which health services provided will continuously improve and result in better health outcomes for the service users.

Baylor-Uganda worked with the Makerere University School of Public Health's Monitoring and Evaluation Technical Support (METS) to improve data quality and utilization. This resulted in improved documentation of QI initiatives, Best Practices and Success Stories which were shared at 4 region-based and 1 national learning exchange meetings where best performers were recognized, while 19 abstracts from the completed QI projects were presented at 4 local and 3 international conferences (JASH, IAS, BIPAI), with 2 manuscripts published in international scientific journals.

Overall, there is effective and efficient utilization of resources accruing from improved quality of care that has enhanced client satisfaction and uptake of services, while members of the QI implementing teams have expressed improved job satisfaction and are better motivated to continue with improvement work.



Kamwenge and Kabarole (Supported by Baylor-Uganda) were among the top 10 performers on the league table. CDC SIMS assessments during the period showed significant improvement in all QOC indicators.



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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 2017, 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 2017 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.

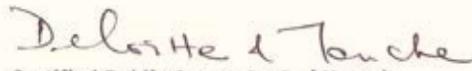
INDEPENDENT AUDITORS' REPORT
TO THE DIRECTORS OF BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION – UGANDA
(CONTINUED)

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:

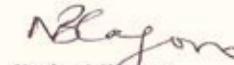
- We have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit;
- In our opinion proper books of account have been kept by the Company, so far as appears from our examination of those books; and
- The Company's statement 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 Certificate Number P0053.


Certified Public Accountant of Uganda

31 October 2017

Kampala


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 2017

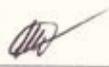
	Note	2017 Ushs '000	2016 Ushs '000
INCOME			
Grant Income	4(a)	81,878,983	70,680,325
Drugs and other Donations	4(b)	10,346,249	7,887,140
Deferred Income realized	4(c)	1,425,298	1,328,307
Other Income		85,898	92,227
		<u>93,736,428</u>	<u>79,987,999</u>
EXPENDITURE			
Medical supplies and patient care costs	5	20,782,492	18,241,325
Staff costs	6	28,008,474	26,870,857
Contractual and consultancy services	7	9,289,263	2,590,593
Administrative costs	8	37,012,256	31,650,763
Foreign exchange (gain)/loss	9	(1,441,955)	633,858
		<u>93,650,530</u>	<u>79,987,396</u>
Surplus for the year	10	85,898	603
OTHER COMPREHENSIVE INCOME			
		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		<u>85,898</u>	<u>603</u>

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

STATEMENT OF FINANCIAL POSITION
AT 30 JUNE 2017

	Notes	2017 Ushs'000	2016 Ushs'000
ASSETS			
Non-current assets			
Property and equipment	11	7,381,831	7,021,173
Intangible assets	12	76,305	75,061
		<u>7,458,136</u>	<u>7,096,234</u>
Current assets			
Inventories	13	2,936,993	3,483,452
Receivables and prepayments	14	3,625,886	4,048,938
Cash and cash equivalents	15	10,829,029	4,930,260
		<u>17,391,908</u>	<u>12,462,650</u>
Total Assets		<u>24,850,044</u>	<u>19,558,884</u>
RESERVES AND LIABILITIES			
Reserves			
Accumulated surplus		<u>4,327,331</u>	<u>4,241,433</u>
LIABILITIES			
Non-current liabilities			
Deferred Income	16	<u>13,990,860</u>	<u>12,292,479</u>
Current liabilities			
Trade and other payables	17(a)	<u>3,670,106</u>	<u>1,896,139</u>
Provisions	17(b)	<u>2,861,747</u>	<u>1,128,833</u>
		<u>6,531,853</u>	<u>3,024,972</u>
Total Reserves and Liabilities		<u>24,850,044</u>	<u>19,558,884</u>

The financial statements on pages 8 to 28 were approved by the board of Directors on 31/10/2017 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 2017

	Accumulated Funds Ushs '000
At 1 July 2015	4,240,830
Total comprehensive income for the year	603
At 30 June 2016	4,241,433
At 1 July 2016	4,241,433
Total comprehensive gain for the year	85,898
At 30 June 2017	4,327,331

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 Ushs'000	2016 Ushs'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus for the year		85,898	603
Adjustments for:			
Depreciation	11	1,401,410	1,321,960
Amortization	12	23,890	6,348
Net income (released)/deferred		1,698,381	(2,099,239)
Cash inflows/(outflows) before working capital changes		3,209,579	(770,328)
Change in working capital:			
Decrease/ (Increase) in inventory		546,459	(409,573)
Decrease in receivables and prepayments		423,052	854,625
Increase in provisions		1,732,914	346,026
Increase/ (decrease) in trade and other payables		1,773,967	(1,746,593)
Net movement in related party balances		-	147,812
Net cash generated from/ (used in) operating activities		7,685,971	(1,578,031)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of equipment	11	(1,762,068)	(1,322,894)
Purchase of intangibles	12	(25,134)	(73,194)
Net cash used in investing activities		(1,787,202)	(1,396,088)
Increase/(decrease) in cash and cash equivalents		5,898,769	(2,974,119)
Cash and cash equivalents of the year beginning		4,930,260	7,904,379
Cash and cash equivalents at end of the year	16	10,829,029	4,930,260

INTERNAL AUDIT

The International Standards for the Professional Practice of Internal Auditing require the Internal Audit to provide an independent and objective assurance on internal controls, risk management, and governance of an organisation. In line with the standards, Baylor Uganda's Internal Audit successfully completed 11 out of 11 (100%) risk based planned audits in the year and six special assignments. The recommendations from these audits strengthened stewardship of the organisation.

During the year, the Internal Audit, using an 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 and this greatly contributed to the success of FY16/17 external audit. In the year, the Internal Audit oriented key staff of Rwenzori regional office in risk identification, assessment and monitoring. The Risk Register for the five directorates and Baylor-Uganda

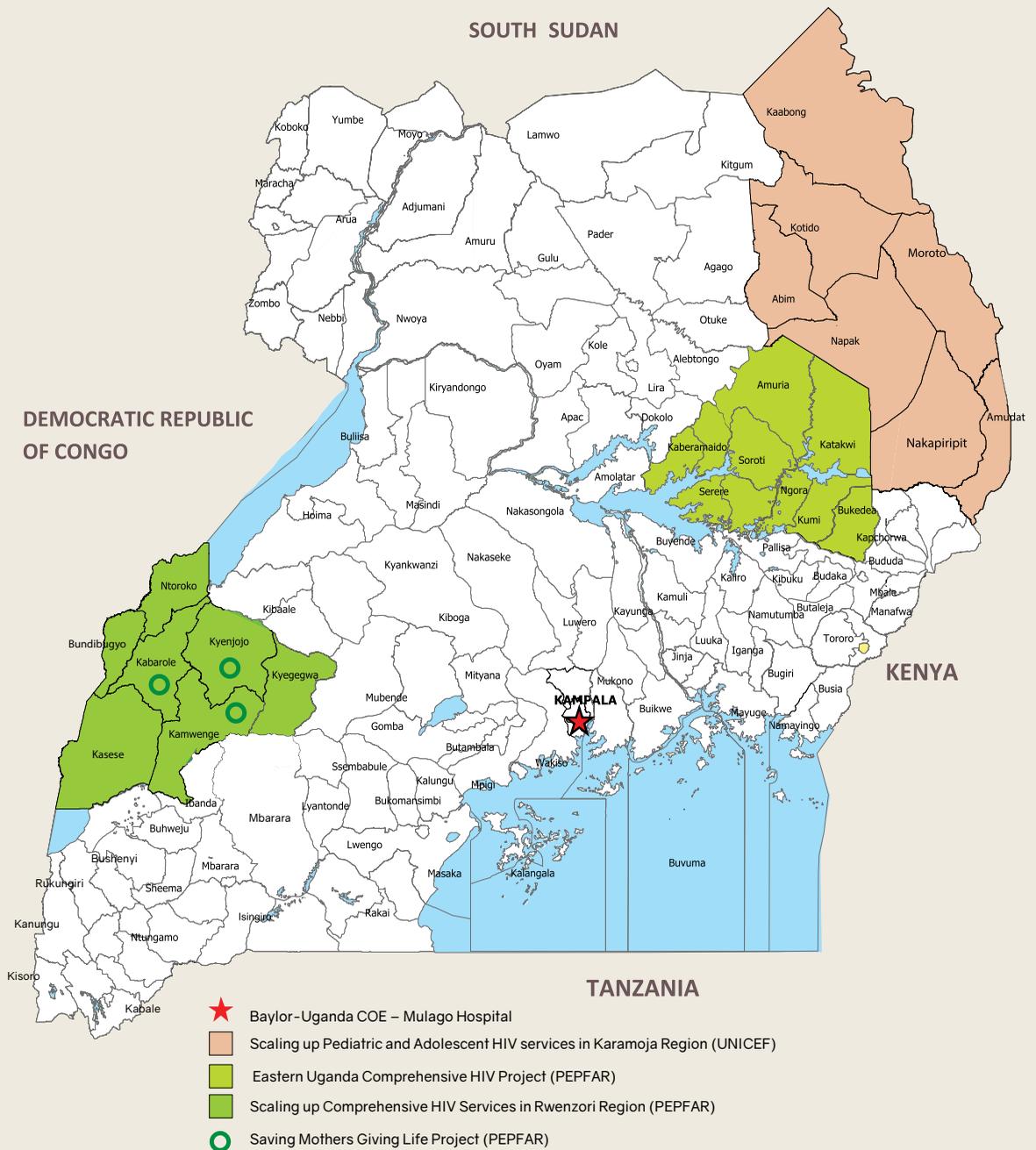
entity were continuously updated with emerging risks. The Internal Audit continuously monitored/appraised the implementation of risk mitigating measures. This greatly improved the culture of risk management in the organisation.

In line with the Institute of Internal Audit Performance Standards, the Internal Audit successfully conducted self-quality assurance review (QAR) of its function and overall the rating was "Fully Comply". The results and recommendations/plan of actions for weaknesses identified were presented to the Board Audit Committee (BAC). During the year, the Internal Audit successfully organized four quarterly Board Audit Committee (BAC) meetings, chaired by Alex Twesigye to discuss internal audit results for the quarter, prior audit implementation status and risk management. Also, a special BAC meeting was organized in September 2016, to discuss and approve FY15/16 audited accounts along with the management letter.



Finance Team during the graduation ceremony after Financial Modelling Training

Baylor Uganda Areas of Operation 2016/17



Baylor-Uganda thanks these sponsors and supporters for their generosity.



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