

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA



ANNUAL REPORT

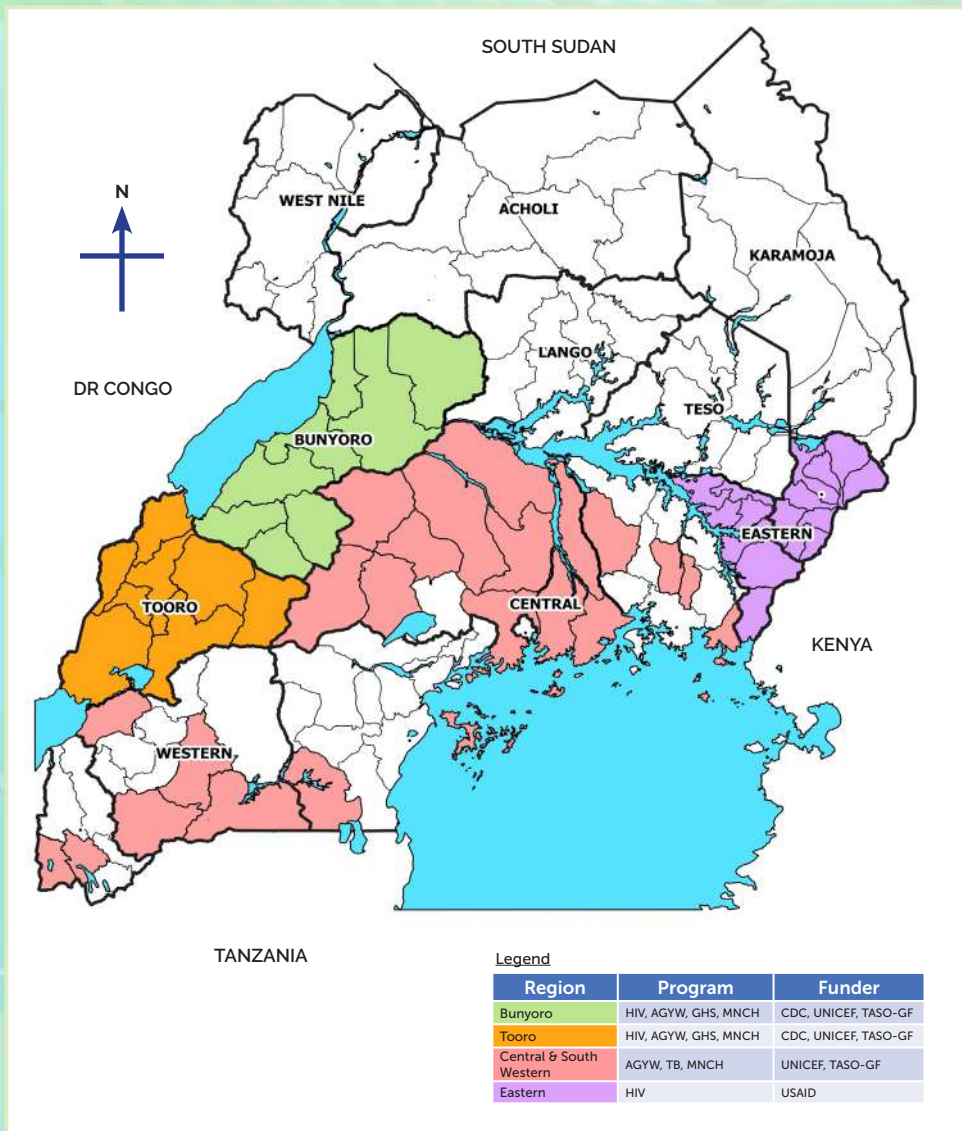
JULY 2020 - JUNE 2021

BIPAI
Baylor International
Pediatric AIDS Initiative


Texas Children's Hospital®

BCM
Baylor College of Medicine

BAYLOR-UGANDA AREAS OF OPERATION



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Acknowledgments:

Baylor-Uganda is heavily indebted to many partners and Funders. We are humbled by the generous support of the American People through CDC, and USAID. We are grateful to BIPAI, UNICEF, WHO, Global Fund, TASO and pepal among others.

We expressly appreciate the trust that the Government of Uganda has placed upon us by working with the Ministry of Health (MoH), Uganda AIDS Commission, Ministry of Gender, Labour and Social Development, and District/Municipality Local Governments.

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Acronyms

ACE Fort	Accelerating Epidemic Control in Fort Portal Region, Uganda under PEPFAR	NMS	National Medical Stores
APN	Assisted Partner Notification	NSRTN	National Sample and Results Transport Network
ANC	Antenatal Care	OVC	Orphans and other Vulnerable Children
ART	Anti-Retroviral Therapy	PEPFAR	The U.S. President's Emergency Plan For AIDS Relief
ASLM	African Society of Laboratory Medicine	PHO	Pediatric Hematology Oncology Program
BIPAI	Baylor International Pediatric AIDS Initiative	PLWHA	People Living with HIV and AIDS
CAB	Community Advisory Board	PMTCT	Prevention of Mother to Child Transmission
CAP	College of American Pathologists	PP	Priority Populations
CBO	Community Based Organization	PrEP	Pre-Exposure Prophylaxis
CDC	The Centers for Disease Control and Prevention	RCT	Routine Counseling and Testing
COE	Centre of Excellence	SMC	Safe Male Circumcision
CQI	Continuous Quality Improvement	SMGL	Saving Mothers Giving Life
CrAg	Cryptococcal Antigen	STI	Sexually Transmitted Infections
DICE	Drop in Centers	SANAS	South African National Accreditation System
ED	Executive Director	SLIPTA	Stepwise Laboratory Improvement towards Accreditation
HF	Health Facility	SLMTA	Strengthening Laboratory management towards Accreditation
HCT	HIV Counseling and Testing	SNS	Social Networking testing Strategy
HPTN	HIV Prevention Trials Network	UNHLS	Uganda National Health Laboratory Services
IBC	Inter-Bureau Coalition	UNICEF	United Nations Children's Emergency Fund
IMPAACT	International Maternal Pediatric Adolescent AIDS Clinical Trials Group	UVRI	Uganda Virus Research Institute
KP	Key Populations	VL	Viral Load
LIMS	Laboratory Information Management System	VMMC	Voluntary Male Medical Circumcision
LQMS	Laboratory Quality Management Systems	VHT	Village Health Team
MAUL	Medical Access Uganda Limited	WHO	World Health Organization
NCs	Non-Conformities	WONETHA	Women's Organization Network for Human Rights Advocacy
NICU	Neonatal Intensive Care Unit		
NIH	National Institutes of Health		

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About Baylor-Uganda

Who we are: Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) is a nationally recognized non-governmental organization since 2006. **Baylor-Uganda** was founded as an affiliated not-for profit entity with the Baylor International Pediatric AIDS Initiative (BIPAI), a network of Pediatric HIV care and treatment Children's Clinical Centers of Excellence (COE) and international program with the goal: **To reduce morbidity and mortality due to HIV & AIDS, non-communicable diseases, pregnancy, and related maternal and childhood conditions in Uganda.**

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 OVC, trainings, mentorships and support supervision, infrastructure improvement, equipment and supply chain management.

Where we Work: These operations are carried out at the COE and Post Natal Clinic both located at Mulago Hospital Complex. In addition we support 145 health facilities in 9 districts in the Fort Portal region, 106 in facilities in 8 districts in the Bunyoro region, to implement comprehensive HIV and Global Health Security programs, funded by CDC/PEPFAR. We also work in 18 districts supported through grants from Global Fund/TASO, namely; Bulisa, Kagadi, Masindi, Kyankwanzi, Kiboga, Kisoro, Rubirizi, Kalangala, Nakaseke, Luwero, Kayunga, Kasese, Ntoroko, Nakasongola, Buikwe, Hoima, Kibale and Kiryandongo. Under UNICEF, we work in 13 districts located in Eastern, Central and Western Uganda.

How we Work: Baylor-Uganda as an Implementing Partner (IP) supports the MoH and District Local Governments to decentralize HIV services in order to increase accessibility, availability and utilization of quality health service to the people of Uganda through a health systems strengthening approach.

The key program stakeholders in the implementation process are the districts, municipalities, public and Private-Not for-Profit health facilities, persons living with HIV networks and civil society organizations (CSOs) in Baylor-Uganda supported areas.

Our Vision:

A world where children and their families live a healthy and fulfilled life.

Our Mission:

To provide high-quality, health care, education and research worldwide.

Our Strategic Goal:

To reduce morbidity and mortality from infectious and non-communicable diseases, maternal and childhood conditions

Our Core Values

Care, Loyalty, Excellence, Innovation, Teamwork and Integrity.



Care



Loyalty



Excellence



Innovation



Teamwork



Integrity

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2020/2021 Theme: ***"Service Above and Beyond"***

Board Chairman's Message

Our esteemed partners, donors and stakeholders, I greet and thank you for your continued support. Once again I'm excited to share our ongoing journey of providing Comprehensive HIV Care and implementing Global Health Initiatives to shape the health policy agenda for all citizens of Uganda and beyond.

Please accept my sincere appreciation to all those who have made it possible; first and foremost, the Uganda Government for the enabling environment, our Board of Directors and Founders, Baylor-Uganda staff under the able leadership of our indefatigable Executive Director and our dedicated team of volunteers and peers. Above all, our esteemed clients who have entrusted their lives to us and are the basis of our mission.

I wish to express my sincere condolences to all those who lost their loved ones, especially amidst the challenges of the COVID-19 pandemic. We also share our grief, sympathies and prayers with the family of our fallen Board Member, the late Aggrey Kankunda, who passed away on June 2, 2021.

Our Annual Report comes at the mid-term of our five-year strategic plan (2018 – 2023), as we strive to achieve our re-focused strategic Goal: To reduce morbidity and mortality from infectious and non-communicable diseases, and maternal and childhood conditions.

The last two years have seen significant changes in global and national health priorities due to emerging infectious diseases such as COVID-19 and Ebola. Baylor-Uganda has responded by expanding its strategic intent to keep pace with these global health security challenges. We have reviewed and re-aligned the strategic plan to enhance the achievement of our Goal. We also amended our Mission (To provide high-quality health care, education, and research worldwide) and Vision A world where children and their families live a healthy and fulfilled life) Statements to align with our new



strategic Goal.

We continue to embrace a client-centered approach to achieving our strategic goals and objectives, while strengthening health systems for service delivery and advocating for sustainable District-led programming.

During this reporting period, we have realized tremendous achievements through our comprehensive HIV/TB and global health security programs with increased access to and utilization of HIV, TB, maternal, and child health services.

Additionally, Baylor-Uganda has made significant contributions to the national COVID-19 response effort. We have enhanced capacity building of the health workforce, community, and civil society organizations. We continue to commit to informing national policy through our targeted research.

To all, I welcome your observations, comments, and feedback on how best we can improve our health services delivery. Baylor-Uganda believes in a transparent and open-door policy. We sincerely appreciate your trust, support, and partnership. We do not take it for granted, and as a Board, our commitment is unwavering in supporting Baylor-Uganda's management to achieve the Strategic Plan targets and indicators. We shall remain answerable to you all our partners, donors and stakeholders. We shall follow the highest ethical and professional standards while executing our duties. We pledge to serve in the interest of all those whose lives we are entrusted. Finally, we remain steadfast on our organizational values: Care, Integrity, Teamwork, Excellence, Innovation, and Loyalty.

Thank you and be well.

Michael B. Mizwa

Chairman, Board of Directors

Baylor College of Medicine Children's Foundation-Uganda

Executive Director's Message

Dear Stakeholder, I bring you warm greetings from the Baylor-Uganda family.

It gives me great pleasure to share our accountability record for the Financial year July 2020 to June 2021. On behalf of the Baylor-Uganda Board, our Partners at National, Regional, District, and Community levels, staff, and myself, we sincerely thank you all for the unwavering support. We are greatly indebted to our clients, whom we serve daily, for entrusting us with their lives and future. We pledge to walk that journey with them as we strive to achieve HIV epidemic control amidst emerging infections such as COVID 19, and other societal challenges.

I wish to register my sincere sympathies to all those who lost their dear ones. In a special way, the Baylor-Uganda family joins the family of our fallen Board Member, the late Aggrey Kankunda, who went to be with his Lord on June 2, 2020. We also lost our medical doctor, Dr. Alex Mulindwa, while in his line of duty. Many of our staff also lost their dear ones to COVID 19. We only take comfort in the scriptures that "The Lord gave and the Lord has chosen to take them back" (Job1: 21). May their souls rest in eternal peace.

In this Annual Report, we are pleased to share with you our expanded scope of service through our entry into the Hoima region and the Global Health Security project funded by CDC, the local partner transition grant from Intrahealth, funded by USAID, to support the RHITES E Activity in Budaka district. We are grateful for our continued partnership with the UNICEF, NFM3 TASO-Global Fund, and ELMA, WHO, NIH, Pepal, Civil Society and Faith Based organisations. We are incredibly grateful to the Government of Uganda through the Ministry of Health and Local Governments for granting us the opportunity to serve humanity on their behalf. These positive outcomes would not be achieved had it not been for our collaboration with the various stakeholders. I will forever remain indebted to all of you, who contributed in funding, advice, technical and political guidance, and moral support.

Despite the outbreak of COVID 19, Baylor-Uganda has continued to register positive outcomes towards achieving epidemic control, mitigating COVID 19 infections and contributing to national health policies through relevant research. As of June 2020,



UNAIDS 95-95-95 targets stood at 98% diagnosed, 96% on ART and 89% virally suppressed in Fort Portal region; and 90% diagnosed, 93% on ART and 87% virally suppressed in Hoima region compared to national average of 94%-87%-89%. Under the Global Health Security Project we were able to establish Fort portal Emergency Operations Centre that successfully supported the coordination of regional COVID 19 management and surveillance. A lot more happened, as you will read in the report. We pledge to keep the candle burning as we support the

national HIV and Global Health Security response.

As an institution, we continually innovate for relevance and sustainability of our efforts. Baylor-Uganda has revised its strategic plan 2018-2023 with changes in the Mission, Vision and Goal to align better with the dynamic public health landscape. Our new Mission is: "To provide high-quality family centered health care, education, and research worldwide;" Vision: "A world where children and their families live a healthy and fulfilled life;" and Goal: "To reduce morbidity and mortality from infectious and non-communicable diseases, and maternal and childhood conditions." We welcome more ideas from our stakeholders on the best approaches to do this.

I wish to thank my frontline workers, Staff, and District Health teams for their selfless service to our communities. I am very privileged to have a dedicated Board of Directors who volunteer their time and expertise to provide the necessary oversight. I am also grateful to the Baylor-Uganda Senior Management team for their clear and focused leadership that has enabled a 450 strong staff to make a meaningful impact on society. Above all, I sincerely thank all our Donors and Partners for entrusting us with funds that help us realise our potential to serve society.

I commend this Annual Report to all our stakeholders. Together as a team, we will achieve the strategic goal and objectives motivated by the theme "Service above and beyond."

Associate Prof. Dr. Adeodata R. Kekitiinwa

*Executive Director
Baylor-Uganda*

FACTS AND FIGURES

9

AS AT JUNE 2020



8 560 Patients are in care with 99% on ART at Mulago Centre of Excellence.



166,724 Patients are on ART in regional projects(Hoima, Fort Portal, Budaka)



512 Children are receiving ART in the Refugee settlements



37,034 Males received VMMC in Fort Portal and Bunyoro Regions



28,000 OVC served at COE and Fort Portal region



92% of supported health facilities provide pediatric HIV care and treatment services



782 children (6-59 months) with SAM admitted for treatment in refugee settlements



230 health facilities offering delivery services with functional new-born resuscitation equipment



The COE lab has sustained the CAP accreditation since May 2013



Both Fort Portal and Bunyoro have 13 lab hubs. Of these, seven are accredited to international standards, while six are certified with star-IV by ASLM.



265 health facilities provided HIV comprehensive services in Fort Portal region, Bunyoro region, and Budaka district.

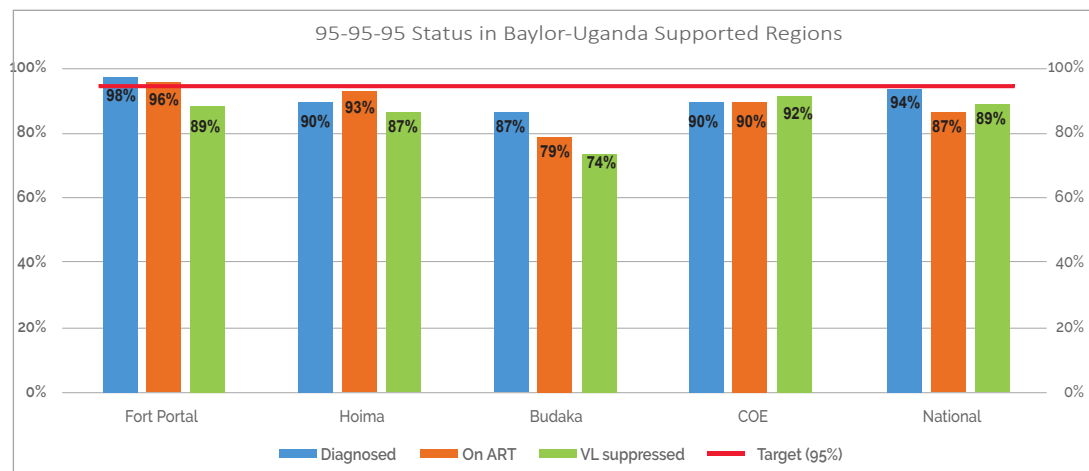


The overall HRH staffing stood at 390 staff



Baylor-Uganda's Total Budget was **USD 22.050.422 (UGX 80,954,188,632)**

Progress to Epidemic Control: Uganda National 95-95-95 cascade, June 2020



HIV testing services, care, and treatment in the context of COVID 19

The COVID 19 pandemic, with the epicenter in Kampala capital city, where the COE clinic is located, posed a challenge to service delivery. We are happy to report that during the second lockdown, we were able to offer services. We are grateful for the generous support of PPE donations from BIPAI headquarters which facilitated this, coupled with increased knowledge by staff about COVID 19 preventive measures and management. Few COE staff and clients were diagnosed with COVID 19 and thankfully, all recovered. Approximately 60% of staff had received their COVID 19 vaccines by end of June 2021, as we continued to address vaccine and hesitancy and prevention at all levels of management. COE staff successfully participated in the BIPAI RAISE symposium and the wellness program championed by the HQ team. At the symposium, staff and clients won awards for their abstracts and artwork, spreading a great sense of joy and community within the BIPAI family. Additionally, there was excitement that Protea Hotels by Marriot, under their Project 500k program, partnered with the arts and crafts families to support training and possible marketing of their products both in the country and internationally.

Similar to last year, the program targets remained aligned to accelerating HIV epidemic control. The services we offered included communicable disease testing, elimination of mother-to-child transmission/early infant diagnosis, care & treatment, OVC programs, logistics supply, and laboratory services. The COE performance continued to be monitored and evaluated through weekly, monthly, and quarterly meetings, emphasizing applying the principles of continuous quality improvement. The new electronic medical records system EMRx performed excellently with no significant concerns by the users. The COE served 8,560 clients LHIV, an increase of 494 persons from the 8,066 reported last year. Over 90% of the clients served were stable and offered appropriate differentiated service delivery

services, with over 70% of them served at the COE facility. Next year, efforts will focus on supporting clients to receive services in the designated Ministry of Health-approved community pharmacies to reduce further the volume of clients who report physically to the COE.

Among the 8,560 clients 4,000 (47%) were children and adolescents aged 0-19 years old. We carried out 4,890 HIV serology tests compared to 7,177 last year, an improvement in targeted testing. A total of 354 clients were newly diagnosed with HIV giving a positivity yield of HIV of 7.2%. 407 HIV-exposed infants received a 1st DNA PCR test with a yield of 8% higher than the nationally recommended 5%. Of the 407 HIV DNA PCR tests done, 233 (57%) were in infants under two months. The high HIV positivity rate at 8% among infants coupled with 57% of them having their tests done before they are two months of age is a call to engage communities, to embrace HIV testing services based on their risk of disease exposure.

All clients LHIV were linked to ART. There was a drive to optimize ART with 98% of those on first-line ART (Efavirenz and Nevirapine) optimized to Dolutegravir based therapy. At the same time, about 1400 clients on protease inhibitors awaited drug transitioning to the integrase inhibitor. Viral load monitoring continued to be the preferred mode of assessing ART efficacy, with 93% of clients having a suppressed viral load under 1,000 cp/mL. The trend to viral suppression increased over time from 88% at the end of the previous year to 90%, 91%, 92%, and 93% across the quarters of the current reporting period. This was attributed to ART optimization and targeted intensive drug adherence counselling for those with detected viral loads. About advanced HIV disease, 48 newly diagnosed clients had CD4's under 200 cp/mL. The clinic for long offered cervical cancer screening to the community, but beginning October 1, 2020, the focus was placed on the COE clientele. To date, 45% of eligible women have had

their annual screen, with less than 1% diagnosed with cervical cancer. We hope to have over 95% coverage by the end of the following year. There were 120 new cases of tuberculosis and 7 of cryptococcal disease, all of whom initiated treatment. The COE

clinic offered innovative and flexible services such as remote telephone medicine and psychosocial support, community delivery of ART, and home-based dry blood spot viral load sample collection.

SUCCESS STORY:

Olga (not real name) lived a reasonably happy life with her spouse and five children until the cost of living became unaffordable for them, and living in Kampala was unbearable by 2015. Olga, her spouse, and 3 of their five children lived with HIV and attended the COE clinic, but one day the father of her children decided to travel to a different African country to get a better job and fend for his family.

To date, he has never returned nor communicated to anyone who knew him, and he was officially reported as a missing person. Due to immense troubles at home, Olga developed mental illness and was hospitalized at a psychiatric facility. Her children were taken to a faraway village to live with their paternal relatives. *One day after the COE clinic had closed, Olga appeared from the mental health hospital. She had run away. She was unkempt and looked so sad. She cried and said if she saw her children, she would be well, and she pleaded that she was not as ill but that she was stressed. She refused to return to the mental institution and vowed to run away again despite being counselled. The clinic leadership made a difficult decision to support her to travel and see her children, and indeed, when she did,* she brought all of them back to stay with her.

The OVC social workers at the COE visited her home and returned to report as they vividly held back their tears. Olga lived in a broken down rusty small military unipot that a kind female armed officer had allowed her to use.

The family had no toilet facility, and they had to use the darkness of the night to make bathroom breaks in the bushes or the open waste pits by the roadside. The unipot had an earth floor, no water, no electricity, and its walls had holes that let rats, spiders, cockroaches, snails, and ants into it. They had no beds, beddings, mosquito nets and lay down to sleep at night on the floor on old boxes. Every morning Olga woke up and went to the market where she asked a kind woman to give her vegetables to hawk on the street, and when she made a profit off them about half a dollar, she tried to find food for her children. She also walked from home to home, asking anyone who needed laundry to be washed for a fee.

The social workers alerted Baylor-Uganda staff on this family's ordeal after realizing that the current budgets considered spending on her needs as disallowed expenditures. The staff team came to her rescue, and she moved to a better home with a concrete floor, water, and electricity.

Teams offered to pay her rent for and feed her for one year as the social workers sought the biological family that lives over 400 km away to support her. The priority now is to continue seeing the psychiatrist and helping her to improve her livelihood. Olga is a success story in progress, and it shows how the COVID 19 pandemic with lockdown is affecting families, especially those with household members with pre-existing mental ill-health. More than ever, there is a call for Ubuntu to support those falling through the cracks as the COVID 19 pandemic has enlarged.



CARE AND TREATMENT-ACE-FORT PROJECT

ACCESS TO LIFE-SAVING ANTI-RETROVIRAL TREATMENT

By the end of June 2021, 93,681 people (females: 60,380, males: 33,301) were on life-saving Anti-Retroviral Therapy (ART), including 8,299 who were initiated during the reporting period. Of these, 270 were children < 10years of age, and 627 were adolescents 10-19years.

Linkage, adherence, and retention

We continued to register 100% linkage to treatment for all newly identified HIV-positive recipients of care across all sub-populations. To enhance adherence to treatment and retention in care, have continued to expand health facility and community platforms for ART delivery, providing recipients of care an opportunity to select the best Differentiated Service Delivery Model (DSDM) that best recognizes the individual choice and rights.

Table showing enrollment in DSDM in Fort Portal region over four quarters

Model	COP, Q4	COP, Q1	COP, Q2	COP, Q3	Trend
FBIM	40%	38%	36%	34%	
FBG	16%	17%	18%	16%	
FTDR	38%	39%	37%	42%	
CDDP	2%	2%	3%	3%	
CCLAD	4%	4%	6%	5%	

Proportions of recipients of care in Facility-Based Individual Management (FBIM) and Facility-Based Groups (FBG) decreased as desired, as proportions in Fast Track Drug Refills (FTDR) increased. Case Management Officers (CMOs) in large volume health facilities continually educated recipients of care and supported them to make choices of the best DSD model.

Using Multi-Month Drug (MMD) dispensing we provided medicines to stable recipients of care lasting 3-6 months, allowing them and their families to play an increasingly more significant role in supporting medication adherence.

Table showing Multi-month drug (MMD) refill (Q3, COP20)

District	TX_CURR (Q3)	TX_CURR by ARV Dispensing Quantity			% ARV Dispensing Quantity		
		<3 Months	3-5 Months	6 or more Months	<3 Months	3-5 Months	6 or more Months
Bundibugyo	3411	1291	1808	312	38%	53%	9%
Bunyangabu	6992	2853	3566	573	41%	51%	8%
Kabarole	27144	7164	13806	6174	26%	51%	23%
Kamwenge	6255	2172	3147	936	35%	50%	15%
Kasese	14275	4476	7622	2177	31%	53%	15%
Kitagwenda	4824	1560	2053	1211	32%	43%	25%
Kyegegwa	9828	4158	4349	1321	42%	44%	13%
Kyenjojo	18942	7328	10128	1486	39%	53%	8%
Ntoroko	2010	720	1030	260	36%	51%	13%
Total	93681	31722	47509	14450	34%	51%	15%

We also used a multifaceted retention package comprising client literacy (health worker and client-led health education sessions), tracing recipients of care, and sending

default reminder messages on the same day that they miss a clinic appointment, phone calls, and text messages.

Period, periodic campaigns were conducted to line gone missing.
list and return to care all recipients of care that had

ART continuity in care by the district for all clients (Q3, COP20)

District	TX_CURR Q2	TX_NEW Q3	TX_RTT Q3	Expected TX_CURR Q3 (Q2+NEW+RTT)	Actual TX_CURR Q3	LOSS (Q3 - Expected)	% Loss (Loss/Q3)
Bundibugyo	3,376	74	76	3,526	3,411	- 115	-3.4%
Bunyangabu	7,018	76	202	7,296	6,992	- 304	-4.3%
Kabarole	27,053	377	628	28,058	27,144	- 914	-3.4%
Kamwenge	6,226	168	253	6,647	6,255	- 392	-6.3%
Kasese	14,345	299	470	15,114	14,275	- 839	-5.9%
Kitagwenda	4,744	116	591	5,451	4,824	- 627	-13.0%
Kyegegwa	9,577	331	231	10,139	9,828	- 311	-3.2%
Kyenjojo	18,724	418	467	19,609	18,942	- 667	-3.5%
Ntoroko	1,987	64	307	2,358	2,010	- 348	-17.3%
Total	93,050	1,923	3,225	98,198	93,681	- 4,517	-4.8%



VHT delivering drugs, Kasese district

During the COVID 19 pandemic, the project utilized community ART deliveries as part of service continuity. The deliveries were effected by community health workers, Boda Boda riders, Village Health Team (VHT) members, and expert clients. At the same time, SMS reminders were sent to care recipients on their scheduled appointments.

VIRAL COVERAGE AND SUPPRESSION RATES IN FORT PORTAL REGION

15

The project continued to strengthen the laboratory hub system for sample transportation and results relay and moved further to provide onsite laboratory

services for patient monitoring to maximize benefits of ART and diagnose and treat severe forms of HIV early in the course of treatment.

Viral load coverage and suppression by quarter.

	Jul-Sep 20		Oct-Dec 20		Jan-Mar 21		Apr-Jun 21	
District	VL Coverage	% VL Suppression	VL Coverage	% VL Suppression	VL Coverage	% VL Suppression	VL Coverage	% VL Suppression
Bundibugyo	85%	106%	84%	93%	80%	87%	87%	91%
Bunyangabu	100%	103%	95%	94%	98%	92%	111%	94%
Kabarole	94%	92%	94%	97%	102%	94%	110%	96%
Kamwenge	111%	88%	111%	92%	96%	93%	107%	95%
Kasese	87%	101%	89%	92%	73%	91%	94%	92%
Kitagwenda	88%	96%	94%	97%	82%	93%	97%	95%
Kyegegwa	94%	97%	99%	95%	95%	92%	103%	94%
Kyenjojo	95%	95%	94%	96%	93%	92%	95%	94%
Ntoroko	91%	91%	87%	96%	84%	87%	91%	90%
Overall	94%	96%	94%	95%	92%	92%	101%	94%

Overall, the region maintained good viral load coverage and suppression rates during the reporting period.

83% had baseline CD4tests
82% had serum CrAg tests
65% accessed TB-LAM tests
145 sites provided TB/HIV services
23 sites provided Ready to Use Therapeutic Feeds(RUTF)
38 sites provided cervical screening services

Approaches specific to children and adolescents, including home-based counselling, drug delivery, and sample collection, were employed for families with difficulties accessing a health facility.



Figure 1: Home based IAC was delivered to all YAPS and Adolescents with treatment challenges.

To improve TB case finding, TB treatment, TPT initiation, and completion, the project scaled up community TB screening through contact tracing for the contacts of index pulmonary bacteriologically confirmed cases, Social Network Strategy (SNS), screening in high burden villages, and using VHTs under the supervision of health workers. This yielded 225 new TB cases identified.

We facilitated district-based mentors to provide technical support supervision and mentorship to frontline health workers at all facilities to improve TPT enrolment, patient monitoring, TB screening, TB treatment monitoring, and complete documentation in the primary HMIS data tools and EMR. 110 cough monitors were facilitated to do TB screening at all health facility entry points: OPD, ART Clinics, MCH, and inpatient wards. We redistribution of anti-TB drugs from overstocked health facilities to those with stock-outs. However, the region continues to struggle with stockouts of pediatric anti-TB drugs. We conducted targeted pediatric TB mentorship at high volume sites (Hospitals & HC IVs) targeting frontline health workers.

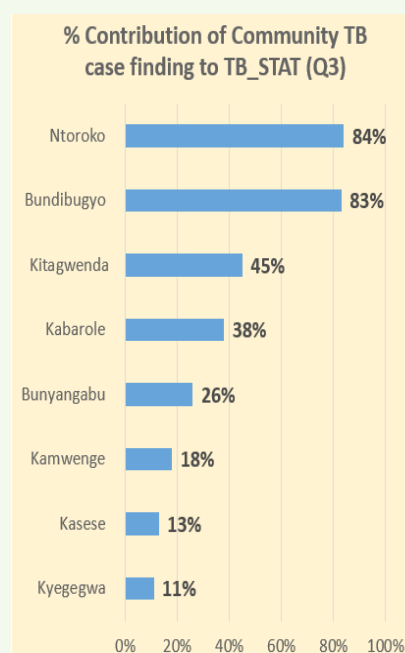
Given that many patients seek medical services from private health facilities, we conducted QI-driven coaching and mentorships and technical support supervision for private-for-profit facilities in urban and peri-urban areas, and provided them with supplies. We conducted a TPT patient file audit to harmonize primary data capture tools, (patient cards and EMR), and ascertain the actual TPT eligible patients to initiate treatment.

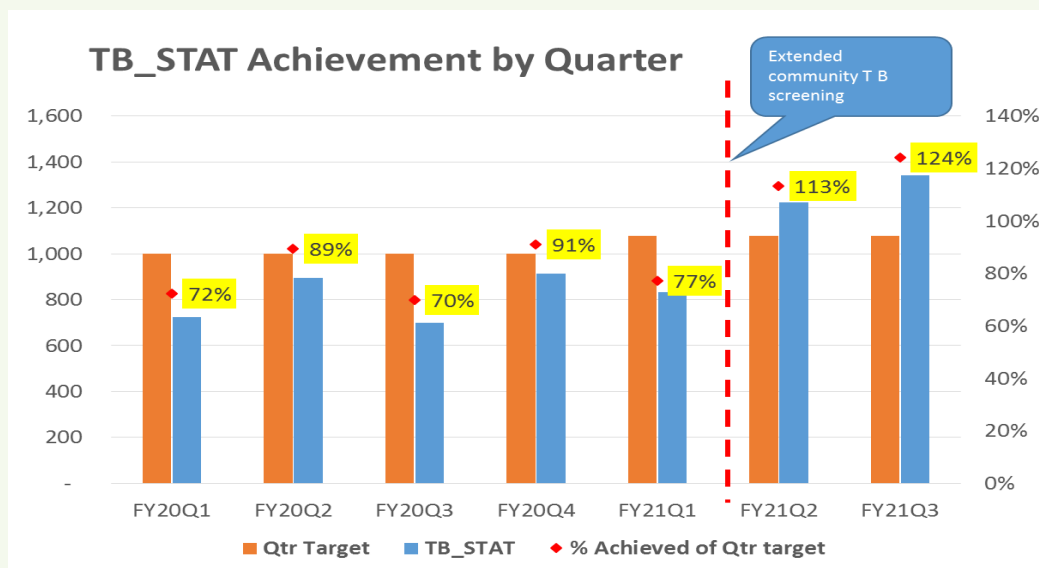
TB case finding and treatment

The region has registered progressive improvement in TB case finding during the year, achieving 87% (3768/4314) of the annual target by the end of June 2020. All the new and relapse TB patients had a documented HIV Status (TB_STAT). This achievement in TB case detection is attributed to the TB catch-up campaign, improved contact tracing, community TB screening and collection of sputum samples, use of urine TB LAM for those with Advanced HIV Disease, and improved health worker confidence to make clinical TB diagnosis.

TB case finding by district by Quarter.

District	District Annual Target	Jul - Sep 2020	Oct - Dec 2020	Jan - Mar 2021	Apr - Jun 2021	Total Achieved	% Achieved
Bundibugyo	484	115	135	127	145	522	108%
Bunyangabu	320	46	94	92	78	310	97%
Kabarole	861	197	133	224	209	763	89%
Kamwenge	350	92	35	123	160	410	117%
Kasese	698	158	191	208	209	766	110%
Kitagwenda	229	41	60	59	75	235	103%
Kyegegwa	495	87	151	149	172	559	113%
Kyenjojo	716	151	292	287	228	958	134%
Ntoroko	161	25	34	34	64	157	98%
Total	4314	912	1125	1303	1340	4680	108%





Success story

In collaboration with MoH Global fund, we participated in the 3-day TB catch-up campaign to find missed TB cases due to COVID 19 pandemic-induced restrictions. This yielded 321 new and

relapse TB cases identified in the six districts of Bundibugyo, Bunyangabu, Kabarole, Kamwenge, Kyegegwa, and Ntoroko that participated, as illustrated in figure 3 below.

Figure 1: Community TB screening results

Community TB screening results

District	No. of Index TB patients	No. of contacts screened for TB	Presumptive TB cases identified from Contacts	Presumptive TB cases tested/evaluated for TB	Contacts diagnosed with TB	Yield from contact tracing	Contacts referred for TPT	No. of community members screened for TB	Presumptive TB cases identified from community screening	Presumptive TB cases tested/evaluated for TB diagnosis-com	Community Individuals diagnosed with TB	Yield from Community screening
Bundibugyo	196	395	318	318	64	16.2%	125	833	591	531	56	6.7%
Bunyangabu	108	443	160	100	0	0.0%	14	1,402	733	714	20	1.4%
Kabarole	382	836	235	164	17	2.0%	44	4,381	1,018	886	63	1.4%
Kamwenge	183	517	171	168	5	1.0%	188	755	288	287	23	3.0%
Kyegegwa	269	319	177	154	11	3.4%	51	646	259	259	8	1.2%
Ntoroko	143	290	84	79	4	1.4%	45	812	297	294	50	6.2%
Grand Total	1,281	2,800	1,145	983	101	3.6%	467	8,829	3,186	2,971	220	2.5%

Figure 2: Contact tracing - Dr. Ronald Tusiime, the TB/HIV coordinator screening for TB among the contacts of index TB patients during a home visit in Nyankwanzi village, Kyenjojo district



Home-based TB treatment

To improve TB treatment adherence and treatment outcomes, the health workers delivered TB medicines in the community.

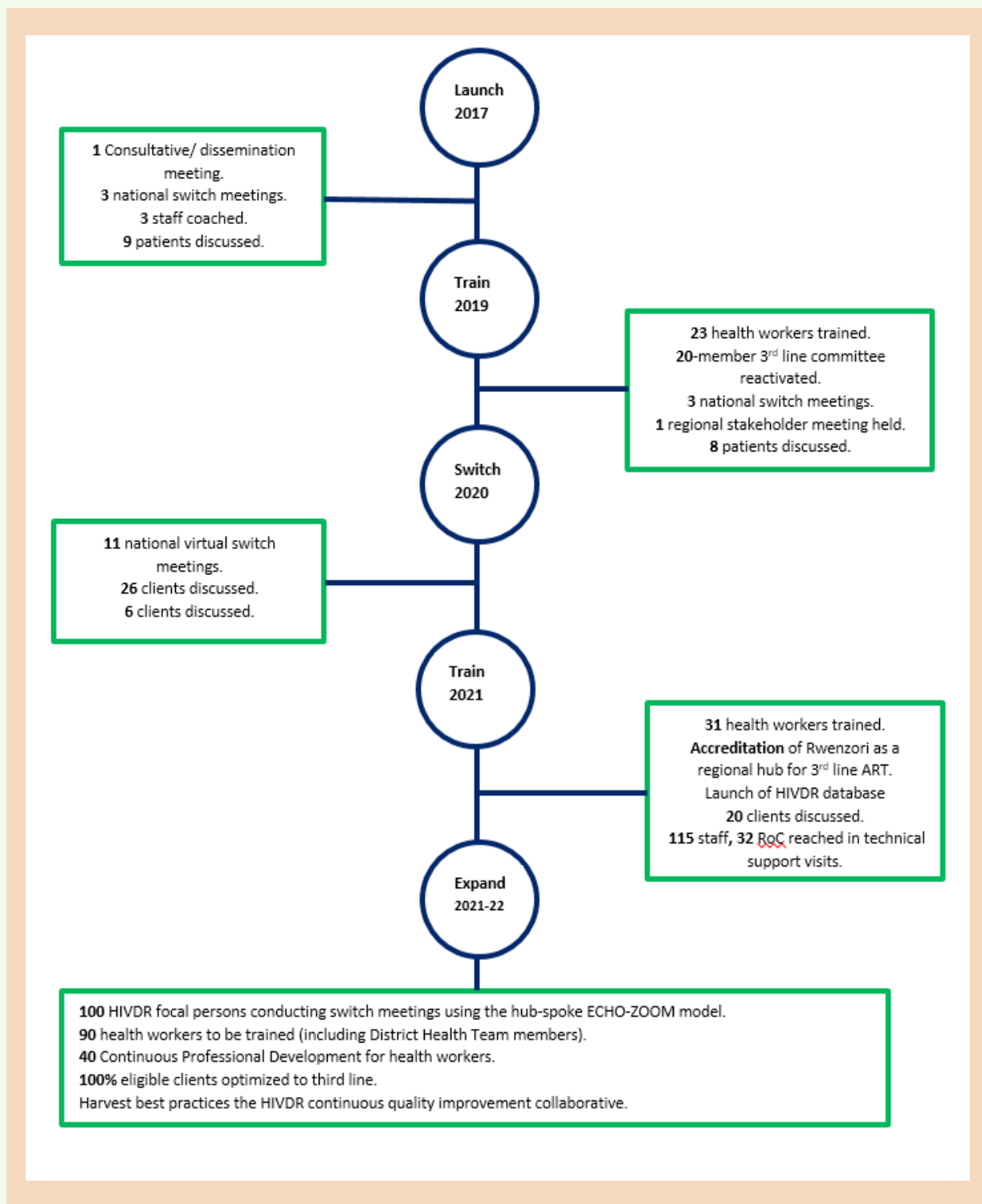
Figure 3: Sr. Doreen, the TB Focal Person Kibiito, HCIV) home delivers anti-TB medicines, Bunyangabo district



EFFECTIVE ART FOR ALL: Decentralization of the third line ART program in Fort portal region.

Baylor-Uganda with Fort Portal Regional Referral Hospital supports the decentralization of the Ministry of Health's third line ART program in public health units by strengthening leadership and governance activities, building health worker

capacity through mentorship, coaching, and technical support supervision, and strengthening supply chain management, for 3rd line ART. By March 2021 we had achieved 91% viral load suppression by March 2021 among clients on 3rd line ART.



ORPHANS AND VULNERABLE CHILDREN

From July 2020 – June 2021, the OVC program served 25,259 beneficiaries. Of these, 941 of 1240 (76%) OVC beneficiaries were graduated from the program; 3,806 children and adolescents living with HIV (C/ALHIV) were enrolled and sustained on ART. 3215 C/ALHIV accessed viral load testing, 90% (2908) of whom were virally suppressed. This achievement is attributed to continuous technical support supervision and capacity-strengthening measures for 20 Community-Based Organizations (CBOs), 145 health workers, 345 Para social workers (PSW) across 74 sub-counties in the six districts Bunyangabu, Kabarole, Kamwenge, Kasese, Kitagwenda, and Kyegegwa, in the Fort portal region.

Microfinance & credit services through the Village Savings & Loan Association (VSLA) methodology:

There are currently 469 functional VSLA groups with a membership of 8,450 OVC caregivers. Both group savings and borrowings in the last one year increased by UGX 136,600,000/- (26%) and UGX 212,499,800/- (50%) respectively. The increased borrowing was attributed to members' willingness to invest in small businesses to mitigate the impact of COVID 19. Similarly, the number of group members also increased from 7,900 to 8,450 due to the formation of 153 other VSLA groups. The program has continued to provide technical support, monitoring group performance, and regularly collecting savings and loan portfolio data that inform reporting in the OVC tracker.

Table 1 illustrates the VSLA performance over one year.

Table 2: VSLA saving groups details from July 2020 – June 2021

Quarters	VSLA Groups	VSLA Members	Group borrowed funds	Total Group Savings
Apr- Jun 20	316	7900	210,500,200	379,200,000
Oct- Dec 20	416	9152	389,800,000	499,200,000
Jan- Mar 21	459	8241	413,200,000	500,310,000
April-Jun 21	469	8450	423,000,000	515,800,000

Farming tools, agro-inputs distribution, and agriculture extension services: In the last year, 6,100 OVC households received farming tools, agricultural extension services, and farming inputs in the form of vegetable seedlings to enable kitchen gardens development. The households could sell some of the produce to improve household income and meet basic household needs while keeping some produce for home consumption.

Apprenticeship / Vocational training and start-up kits/ capital: During this reporting period, 457 out of school AGYW (280) and boys (177) ongoing were enrolled into apprenticeship and vocational training of their choice such as mechanics, construction, electrical works, salon & hairdressing, tailoring & fashion design, and carpentry. In addition, they were trained in customer care, record keeping & management, positive parenting sessions, reproductive and sexual health, sanitation & hygiene, and HIV prevention, amongst others. This was aimed at empowering them with relevant skills and information for informed decision-making. Of these, 17 AGYW and boys graduated and received start-up kits. The rest (440) will graduate in September 2021. Fifty previously trained and graduated AGYW, and boys are currently operating own businesses.

Schooled (Education and development)

Services: To promote education, Baylor-Uganda implements a school subsidy program for OVC to ensure they are enrolled, retained in school, progress to the next class, and finally complete their education cycle successfully. We supported 6,054 children of school-going age with tuition fees, scholastics materials (books, pens, sets, pencils, school uniforms), career guidance support, and life skills sessions, amongst other services. 633 adolescent girls were trained in making reusable sanitary pads and counselled on menstrual hygiene.

SUCCESS AGAINST ALL ODDS

Isingoma David, is a 16 year old adolescent living with HIV from Kabarole District, was enrolled in the OVC program in March 2020. David is being raised by a single mother, having lost his father in 2016 due to HIV/ AIDS. David's mother struggled to raise his school fees until he and his household members were assessed and by the CSO serving Virika Hospital.

The household members were screened for HTS eligibility and tested to establish their HIV status. They were bled for viral load and regularly monitored to ensure that they remained virally suppressed. David's mother was enrolled in a VSLA group and supported to start an income generating activity (IGA). David was enrolled in the school subsidy program at Mpanga Secondary School in Kabarole District, where he attained his ordinary level certificate (UCE). Despite the impact of the COVID 19 pandemic on the education system, David emerged as the best student in Kabarole District (UCE 2020), with an aggregate score of 11.

David says 'If it were not for the support of the OVC program, I would not have reached this level and also attained this victory, I am so grateful, and I pray God will bless everyone who had a hand in this program that supported me from the time I was enrolled, to when I sat my Ordinary level examinations. I was assured of school fees, scholastic materials, and guidance from OVC program staff which gave me the energy to settle down and concentrate.'

David looks forward to his Advanced Level studies with support from the OVC program. David and his mother are currently virally suppressed and are living healthy lives. David's mother can meet the basic family needs using proceeds from, the IGA and the VSLA group.

LABORATORY SERVICES

During the reporting period, the project planned to achieve Continuous Quality Improvement (CQI) targets for international accreditation and WHO-SLIPTA certification of 13 Hub laboratories in the Fort Portal and Bunyoro regions, and the College of American Pathologists (CAP) accredited laboratory

at the Centre of Excellence (COE) in Mulago. We targeted to have 7 hub labs maintain international accreditation by the South African National Accreditation System (SANAS) and strengthen the remaining six labs using the SLMTA and SLIPTA program to achieve a minimum of star 3. Due to the COVID 19 lockdown, the COE CAP-accredited laboratory was not re-inspected on 24th June 2021, as scheduled. In lieu, we received a notice from CAP allowing it to **remain accredited until otherwise notified**. A self-assessment using standard checklists found the lab to meet all applicable standards for accreditation. Similarly, seven (7) hub laboratories (Fort Portal RR, Kilembe Mines Hospital, Rukunyu Hospital, Kiryandongo Hospital, Kagadi Hospital, Hoima RR Hospital, and Masindi Hospital) maintained accreditation by SANAS. Three of the remaining 6 hub labs (Kagando, Bundibugyo, and Kyenjojo) were strengthened to achieve and sustain star IV and have been selected at the national level for fast-tracking towards international accreditation. Two hub labs (Kyegegwa and Buliisa) maintained star 3, and only one remained at star 2 due to inadequate infrastructure, which will be improved in the next financial year. As a result there is improved patient care and staff safety, few expiries, and rejections, and improved results quality and TAT.

At the COE, the CAP-accredited lab has contributed to the sustenance of DAIDS funded studies and boosted additional revenue to Baylor-Uganda by attracting research studies that are non-DAIDS funded. Going forward, the project plans to collaborate with various partners, including MOH, to increase the scope of tests in the internationally accredited laboratories.

In Fortportal and Hoima regions, we support a hub lab network with 28 riders that facilitates shipping of samples from 250 supported health facilities to the 13 hubs for testing, referral for analysis of VL and EID samples to UNHLS, HIV-DR to UVRI/ JCRC, GeneXpert samples to the 27 testing sites, and transmission of results back to the facilities. The project continued to successfully support data provision to enable electronic results to download at 47 peripheral facilities to enable site-level download

and timely access of results to reduce turnaround time (TAT), 100% maintenance, service, repair, and fueling of the hub bikes, 100% weekly GeneXpert reporting from the 27 reporting sites. Additionally, we ensured timely provision of stationery, internet bundles, and cartridges in the 13 hubs to support electronic results download (eRD) from which TAT for VL and DNA PCR was sustained within two weeks.

Three district laboratories (Kyegegwa Hospital, Kibiito HCIV, and Bwera Hospital) have been refurbished to meet minimum biosafety standards. The refurbishment involved repairing leaking roofs and ceilings, windows and doors, floor, worktops, plumbing, electrical systems, and installing protective instruments.

Pictures of Kyegegwa, Kibiito, and Bwera Labs before and after refurbishment.



Kyegegwa HC.IV worktops before refurbishment Worktops of Kyegegwa HC.IV after refurbishment



Patient waiting area at Kyegegwa before and after refurbishment



MEDICAL LOGISTICS AND SUPPLY CHAIN SYSTEMS STRENGTHENING:

We continued to support districts and health facilities, during the reporting period to quantify, order, and report all commodity types to central warehouses. We provided technical assistance in electronic Logistics Management Information systems (e-LMIS), such as RASS and Rx Solution.

We supported Medicines Management Supervisors (MMS) to conduct SPARS interventions in essential medicines, antiretroviral therapy, tuberculosis, laboratory, and pharmaceutical financial management.

We procured and distributed essential Infection Prevention and Control (IPC) supplies to all supported health facilities, CBOs, and PHA networks, and conducted active drug safety monitoring for clients on DTG and INH through the regional sentinel sites.

Key achievements of FY 2020/21

- All (100%) of health facilities ordered and reported accurately and timely with 95% order/report submission using the e-LMIS.

- Average annual RASS reporting rate and data utilization for all commodity types was 83%
- Average annual availability of tracer medicines was 87%
- Average annual regional SPARS performance was 80%, which is the desired national target across all SPARS interventions.
- Procured and distributed IPC supplies worth \$232,430
- Submitted 128 active Drug Safety Monitoring reports to the national pharmacovigilance center.

HEALTH FINANCING:

Baylor-Uganda continues to support nine districts in the Fort portal region and eight districts in the Bunyoro region with quarterly subgrants to support the implementation and supervision of comprehensive HIV/TB services within their jurisdiction. Within the districts, Baylor-Uganda partners with and supports various categories of subgrantees, as elaborated in the table below:

Baylor-Uganda Subgrants to the Districts

Fort portal region	Category of Subgrantee	Number of Sub grantees	Amount sub granted (USD)
	District Health Office / District Technical and Political Leadership	9	14,918
	District Community Development Officer	9	7,540
	Municipalities	2	1,354
	Health Facilities	90	206,959
	Civil Society Organizations	19	721,840
	Persons Living with HIV Networks	9	103,902
	Subtotal Fort portal		1,056,513
Bunyoro region	Category of Subgrantee	Number	Amount sub granted (USD)
	District Health Office / District Technical and Political Leadership	8	24,577
	Municipalities	2	4,341
	Health Facilities	15	28,449
	Civil Society Organizations	5	117,262
	Subtotal Bunyoro		174,629
	Total		1,231,142

Mode of Financing: Baylor-Uganda provides Subgrants using input-based financing (IBF) to the majority of the subgrantees. Funds are advanced to the subgrantee for activity implementation. Upon completion of the activities, the subgrantee provides full accountability of the funds to Baylor-Uganda for review and liquidation as a prerequisite for disbursement of the subsequent tranche. Baylor-Uganda has also piloted the results-based financing (RBF) approach among some of the civil society Organizations (CSOs) in the Fort portal region.

Value Addition: The subgrants have enabled the district and municipal technical and political leadership to conduct quarterly technical support supervision visits to the district, health facilities, and

CSOs for improved stewardship and quality service delivery. The support supervision visits are carried out jointly with Baylor-Uganda, but the district leads the exercise (district-led programming). This has promoted ownership of the programs by the districts to enhance the sustainability of the program outcomes. At health facility, CSO, and PHA network levels, the subgrantees have contributed to achieving the global goals for HIV epidemic control at **98:96:89** and **90:93:87** in Fort Portal and Bunyoro regions, respectively. The community-health facility bi-directional referral and linkage framework has continued to be functional with complete annual referrals from the community to facility totaling 39,268 and facility to community 19,583.

CAPACITY BUILDING

Under ACE-Fort and ACE-Bunyoro projects, Baylor-Uganda continued to build the capacity of HWs through trainings and mentorships. The trainings reached 4,631 participants and the mentorships 5,068 mentees in HIV prevention, care, and treatment; cervical cancer screening; continuation of essential health services amidst COVID 19; and infection prevention and control.

The rollout of the cervical cancer screening program kicked off during the second half of the year with the training of regional trainers followed by health facility teams. Subsequently, service provision was boosted by central level procurement and distribution of required commodities. This led to an increase to 37, in the number of sites providing the services in the two regions. With intensified on-job/hands-on post-training mentorship and technical support in the Fort portal region, 1544 women living with HIV (WLHIV) were reached in

the last quarter of the year. Of the 58 WLHIV who tested positive, 22 were treated. The missed opportunities were due to transport constraints to reach the referral sites due to the COVID 19 lockdown restrictions, and these will be followed up.

To support reaching health service providers remotely with the necessary information and updates, Baylor-Uganda has equipped 17 more sites in the Fort portal region with ECHO/Zoom equipment. This has brought the number of sites with such equipment to 23, in addition to 6 sites supported by the MoH (5) and JHIEPGO (1). The equipment is increasingly being used, especially for 3rd-line ART management meetings and performance review meetings. The main challenge has been reliable internet connectivity. This is being addressed through the provision of dedicated Internet for sites.



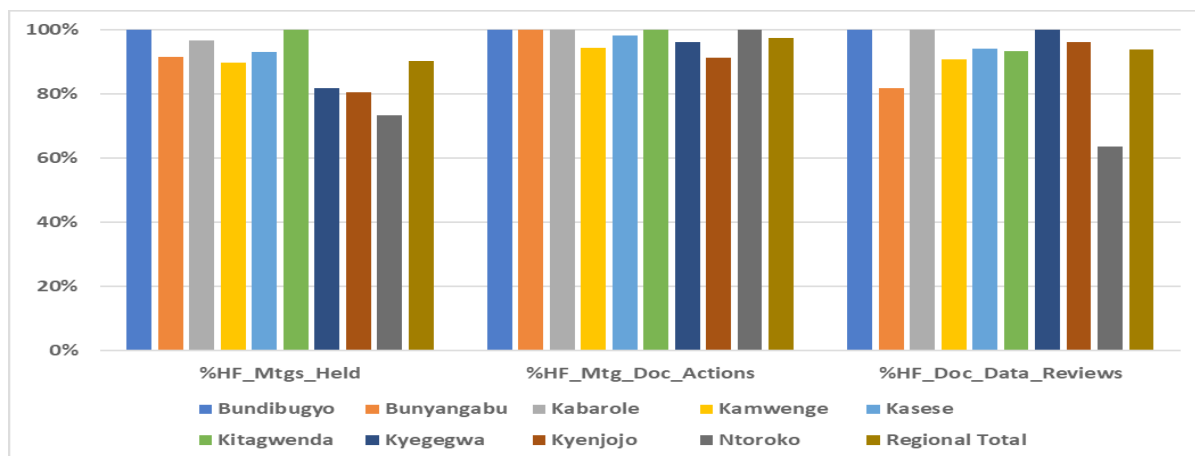
Members of Kabarole DHT utilizing the ECHO/Zoom equipment installed by Baylor-Uganda to participate in the COVID 19 vaccination orientation by MoH



Rukunyu Hospital (top left) and Kamwenge DLG (bottom middle) attending District Apr – Jun 2021 Performance Review Meeting

Baylor-Uganda continued to design and implement deliberate interventions to strengthen governance and leadership systems at the district and health facility level for sustainable health systems strengthening. This was made possible through our strong partnership with the Ministry of Health, District Local Governments, and funding from PEPFAR through CDC. We were able to continue our support to nine districts in the Fort portal Region,

reaching 149 health facilities; and eight districts under the Bunyoro-Region, reaching a total of 106 health facilities. Health facilities governance systems for better health outcomes. Through these interventions, HFs were supported with monthly meetings books; and data display Team Performance Monitoring Tools (TPMTs) to promote site-level use of data for decision making.



Above: Performance of Fort portal Region Districts in Holding regular and effective health facility performance review meetings for the period ending June 2021

In October 2021, following the extension of Baylor-Uganda services to Bunyoro Region, we conducted stakeholder engagement meetings involving the District leadership, Bunyoro Kitara Kingdom, Religious Leaders, Ministry of Health (MOH), Uganda

AIDS Commission (UAC), and CDC Uganda, where the ACE Bunyoro 5-year Project was introduced and stakeholder commitment attained in ensuring active participation, ownership, and accountability to sustain the project gains.



Above: Bunyoro Region District and Religious Leaders with representatives from MOH, CDC, UAC, and Baylor-Uganda following the signing of the ACE-Bunyoro Project Partnership Agreement.

In partnership with Pepal UK, our partners on leadership development in healthcare for social impact, Baylor-Uganda conducted several capacity-building interventions with key stakeholders at all levels of the health care system. These included a Janssen Cohort and iNJIA programs, which were made possible with support from Janssen and Roche Pharmaceuticals through Pepal.

BAYLOR-JANSSEN 2021 PROGRAM

Despite the COVID 19 pandemic, in 2021, Pepal, Baylor-Uganda, and Janssen were determined to continue working in partnership to strengthen the impact of their projects over the last decade and facilitate more significant sustainable change. Thus, a virtual program was devised with two focus areas:

1) Digitalizing Caring Together

The pandemic highlighted the importance of having robust leadership and governance structures to respond to volatility across the health system while simultaneously accelerating the transition to a digitized workspace. Therefore, two teams,

consisting of leaders from Baylor-Uganda, Janssen, and health workers themselves, were set to select and create a digital prototype for two Caring Together modules into an online self-study course format. Once complete, the modules will be situated within Baylor's internal human resource systems and become a critical resource for emerging managers at Baylor and the health workers they support.

A program highlight for me was the leadership sessions that we had where I learnt very new concepts, one of them was when we covered a topic on 'failing forward' Tony Mugisa – DHT member Bunyangabu District

I have gained skills in agility, teamwork and innovation. The ability to work on the project in the shortest time possible with a new team and be able to accomplish. These have improved my leadership and governance skills. Enock Kajjoba – IT Officer Baylor-Uganda

How we will Achieve this

Creating a digitized version of the Caring together modules in order to:

- Be practical in COVID pandemic
- More flexible
 - Attend when and where
 - Beneficiary for employees at all levels
- Ensure learning and self development are fun

Digitized module must be:

1. Motivating/inviting
2. Interactive
3. self-reflection
4. Rewarding

The diagram illustrates a group of people in a meeting room transitioning to a digital learning interface labeled 'E-LEARNING'.

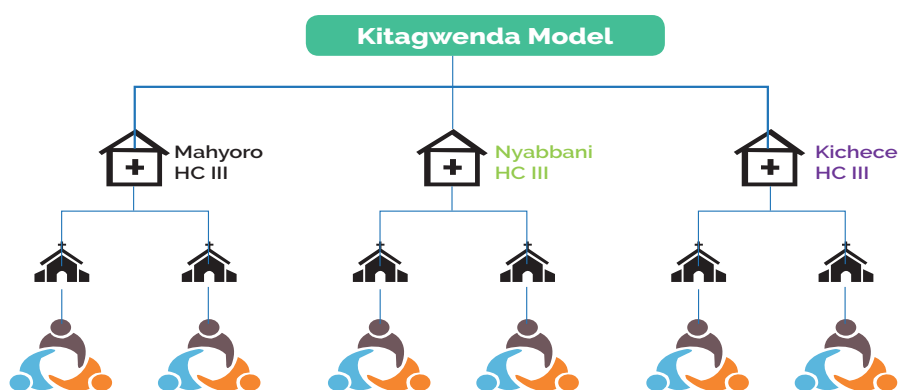
Participants in the Zoom session include: Brian O'Sullivan, Anthony Bwalya, Sarah Galvin, Michael Kaka, Leo Stok, Julie Saunders, Leticia Namale, James Owona, and Michael Musisi.

Above is a screenshot from the Digitizing Caring Together Zoom Session with District health teams, Baylor-Uganda staff, Janssen, and Pepal participants

2) Adolescent Church Scale-up

Janssen and Baylor-Uganda launched the Global Health Leadership Challenge to improve adolescent health outcomes in Kamwenge and Kitagwenda districts. Two teams were presented with the challenge of scaling up one of the promising innovations that emerged from the original Global Health Leadership Challenge to six health facilities across Kamwenge and Kitagwenda.

This innovation involved leveraging the influence of church leaders to form links with health workers and support adolescents to assess Adolescent Sexual and Reproductive Health services. Twelve virtual sessions were held over 15 weeks, 17 participants (8 Janssen; 9 Baylor/ UG Health Workers) developed their leadership capacity and conducted five discovery visits with stakeholders. The project results were shared with 15 executive stakeholders from MOH and DHTs at the final pitch session.



Above: Kitagwenda Team scale up Model

DIGITAL LEADERSHIP INNOVATORS

The pandemic caused volatility and disruption to the health system, highlighting the importance of agile leadership in a new virtual space. It was evident that leadership skills were more critical than ever for Baylor staff responding to the crisis by implementing new and existing projects within a new virtual context.

We devised an exciting new digital leadership project in response to this, which saw a cohort of Janssen volunteers co-create virtual leadership modules that address three critical leadership gaps identified through staff surveys at Baylor: Leading with Agility, Situational Leadership and Influencing Skills. These modules aimed to help boost staff performance, develop transformational leadership competencies and equip Baylor staff with a more extraordinary ability to manage the hectic and uncertain health landscape evident from the pandemic.

Program Learnings and Next Steps:

- 1) There is the capacity for leadership development within the virtual space. 40 Baylor staff members participated in this program and received

leadership training.

- 2) The three modules, facilitated online by Pepal staff in two rounds, will continue as a resource of Baylor-Uganda Leadership Academy. The modules can be used both virtually and in-person to develop the leadership capacity of Baylor staff and health workers.

Participant Testimonial:

"Online learning is a new experience for me as I'm used to face-to-face interaction. The training has been encouraging and has brought out things that I didn't know I could do. I have learned that a good leader is someone who can be relied upon and creates trust, and sets an example for others to follow. The training has been good, I've learnt a lot, and hope it makes me a better leader!" - Alex Elyau, Finance Analyst Baylor-Uganda

iNJIA

For the last five years, the iNJIA program has been bringing together frontline health care professionals, ICAPTanzania staff, and executives from F. Hoffmann-La Roche AG (Roche) to develop their leadership skills and co-create low-cost and resource-efficient innovations to improve cervical cancer prevention and treatment landscape in the Kagera Region of Tanzania. This year, iNJIA embraced the digital space and transitioned to an online program. Eleven ADHO's, Baylor-Uganda staff, and health workers from Fort portal and Bunyoro regions were joined by six Tanzanian leaders to participate in a virtual iNJIA program. Teams worked together collaboratively virtually to devise innovative

projects to tackle the issue of prevention and treatment of cervical cancer. The teams plan to work on implementing the following projects:

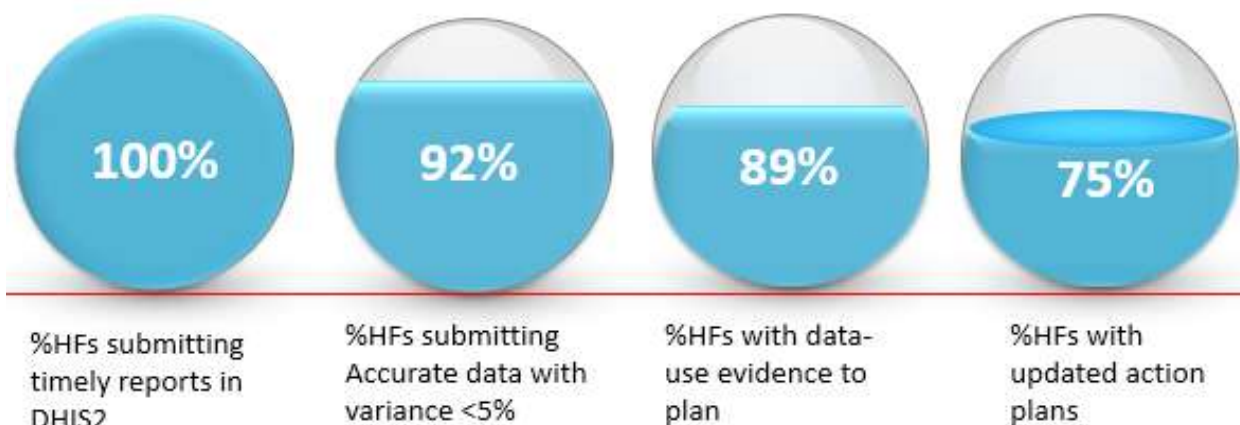
- 1) Raising awareness on cervical cancer and encouraging prevention and treatment through leveraging the power of storytelling champions who will come from a link to a referral system to four chosen health facilities.
- 2) Raising awareness on the realities of cervical cancer through radio talk shows.
- 3) Raising awareness on cervical cancer by employing the use of art. Distributing posters across health facilities and creating and sharing an informative song.

STRATEGIC INFORMATION

During the reporting period, Baylor-Uganda supported districts to submit timely and accurate reports in the national system (DHIS2), adoption of digital health information systems, and data use to make decisions. All supported health facilities submitted reports on time. Of these, 92% health facilities submitted reports with a variance within the acceptable margin of 5% (Fig 1). Key interventions attributed to this achievement include; reporting SMS reminders, airtime/Internet facilitation for Biostatisticians, district leadership engagement, joint supervision, training and mentorship for health workers and CSO staff on data collection, report generation, analysis, and data use.

Baylor-Uganda procured and distributed data capture and reporting tools to facilitate the data collection process in collaboration with other partners, including METS, MOH, UNICEF, and TASO. To enhance data quality, we conducted routine data quality assessments, spot checks, and monthly data validation with district Biotechnicians, Probation Officers, and CSOs. We implemented corrective actions to address identified gaps. The project M&E team worked closed with skilled regional facility-based M&E mentors, Biostatisticians, and CSOs to monitor the data collection and reporting processes and build the capacity of health workers to collect complete and accurate data.

Fid 1: Key SI Performance Indicators



Data use: Baylor-Uganda Supported districts, HFs, and CSOs to conduct quality review and planning meetings. The meeting participants included district political leadership, DHT members, health facility in-charges, PHA networks, and CSOs. HFs and CSOs

shared best practices and generated action plans to address gaps. At the site level, mentorships were done for HFs using the TPMT and the CQI approach for performance monitoring. Fig 2 shows a facility team review meeting and TPMT sample.

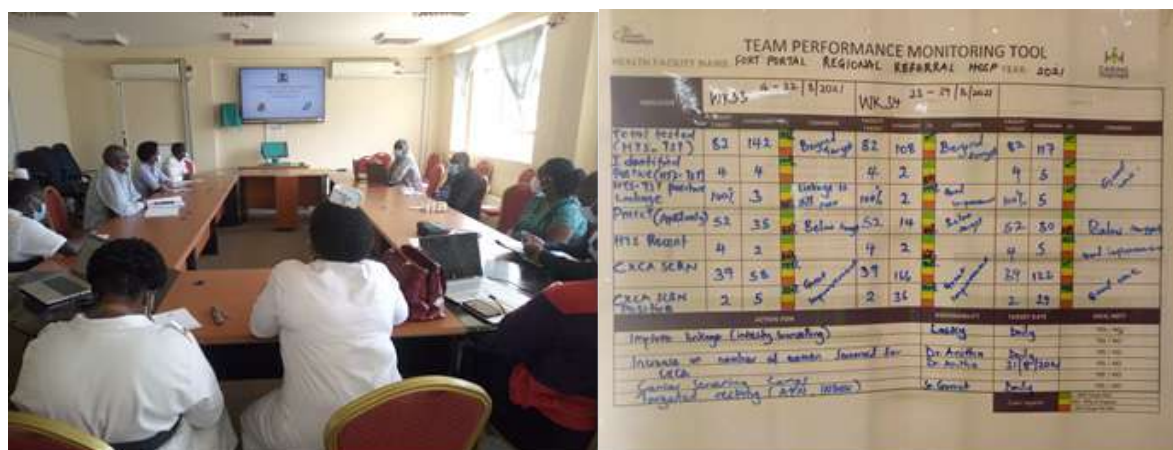


Fig 2: Left: Review and planning meeting at Fort portal RRH. Right: TPMT sample Fort Portal RRH.

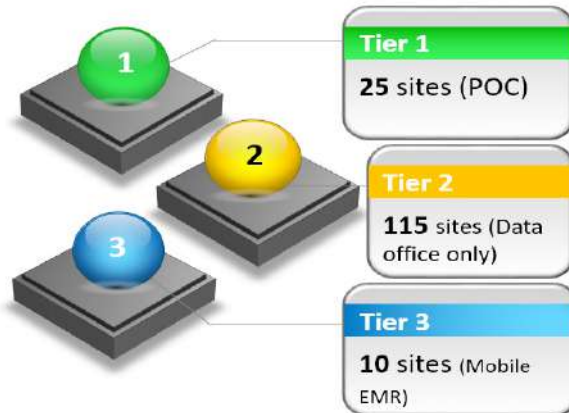
Health Information System

During the reporting period, Baylor continued to support the implementation and utilization of HIS solutions at HFs, CSOs, and DHO offices in the supported districts. We procured and distributed HIS equipment, including computers, ECHO systems, servers, and set up local area networks for HIS implementation. We worked with MOH and METS to deploy and build capacity among health workers to use HIS solutions for HIV care, laboratory, supply chain, and community health care. Some of the systems supported include; Uganda EMR, RASS, LIMS, DHIS2, OVC Tracker, and KP tracker. By the end of the reporting period, Baylor-Uganda had achieved Uganda EMR coverage of 96% (140/146) in the Fort portal region and 69% (73/106) in the Bunyoro region. Specifically, EMR was further expanded to HF delivery points at 25 health facilities in the Fort portal region. This EMR POC covers all critical service delivery points, including clinical rooms, mother-baby care, TB unit, Counselling rooms, Pharmacy, and Triage to facilitate real-time data capture by service

providers. Overall, the Fort portal region has 25 sites in Tier 1, which are implementing the EMR POC system, 115 sites in Tier 2, which are implementing EMR for retrospective data capture, and ten sites in Tier 3, which are implementing mobile EMR (Fig 3). The enablers for EMR implementation successes are shown in Fig 4 below.

Furthermore, Baylor-Uganda provided dedicated internet connectivity to 39 sites in the Fortportal region to enhance communication and facilitate real-time data exchange for VL and Recency; SMS Platform for sending Patient reminders, data entry in web-based systems (KP Tracker, OVC Tracker), DHIS2 Reporting, ECHO zoom virtual meetings and E-Learning for HWs. Next year, the organization plans to extend EMR POC, internet connectivity in Bunyoro and Fort portal regions to improve communication, data exchange, and timely reporting.

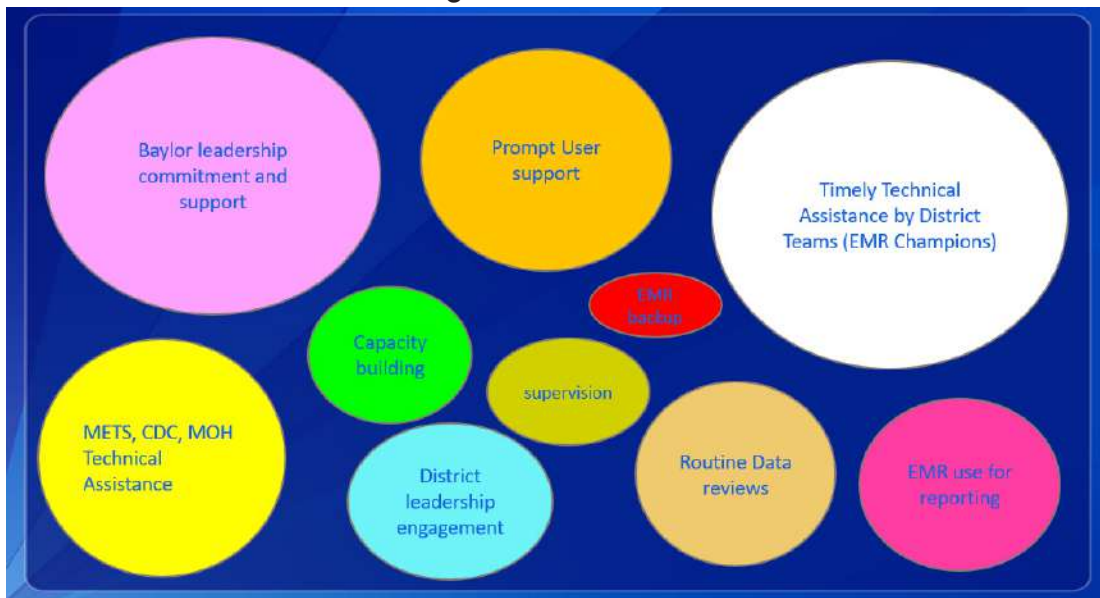
Fig3: Left: UgandaEMR Coverage by Tier in Fortportal region



Right: A Health worker demonstrating EMR use at Virika Hospital



Fig2: Enablers for EMR successes in Fort region



Virtual communication platforms (ECHO ZOOM): During the period, the project team continued to support the establishment and functionalization of virtual communication platforms. This was intended to enhance communication between the project team, MOH, DHT, and health facilities. By the end of June 2021, 23 ECHO sites were set up, including 8 DHO'S Offices and 18 HFs. The team used the

platform to conduct virtual meetings, trainings, and in-house CME sessions. The support type provided included setting up network connectivity, provision of hardware and related peripherals, hardware maintenance, internet connectivity, and onsite training. Next year, all DHO offices and HSDs in both regions will be connected to ECHO zoom systems to facilitate virtual communication.

Fig 5: Bunyangabu District Review meeting using ECHO zoom.

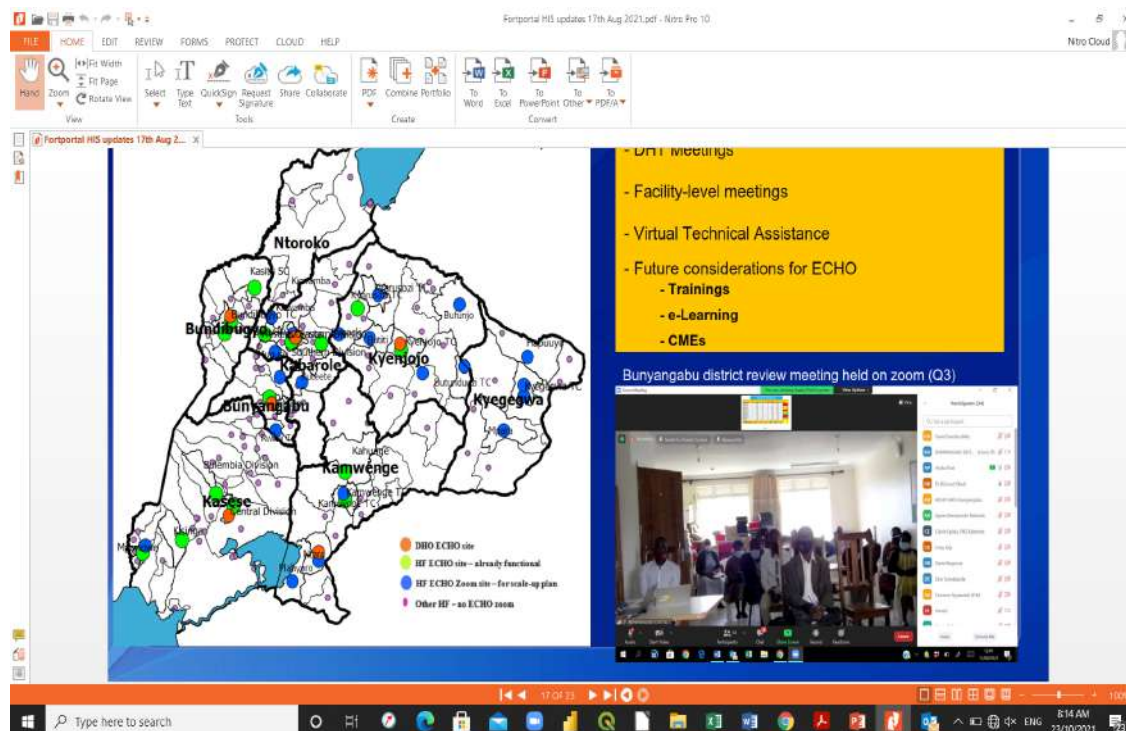
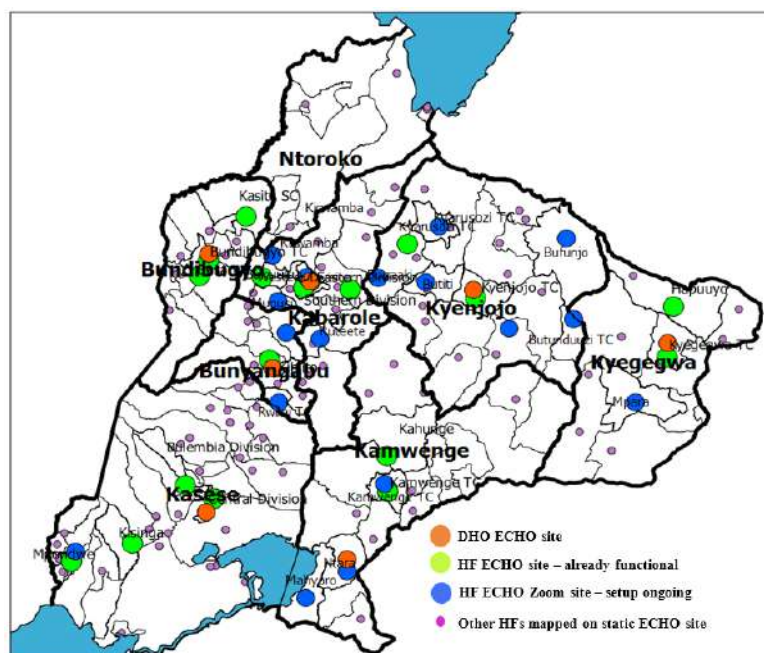
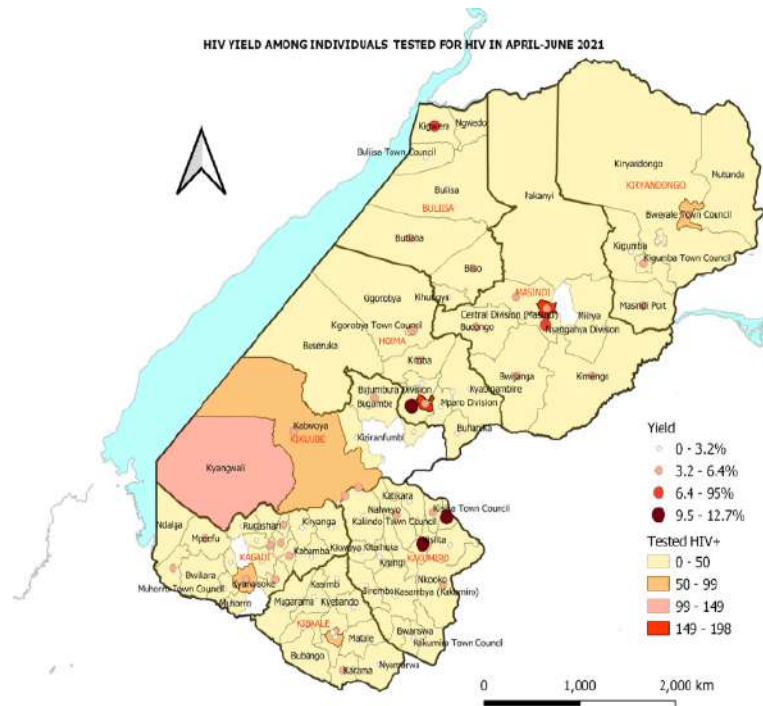


Fig 6: ECHO ZOOM Coverage and scale-up plan in Fort portal Region

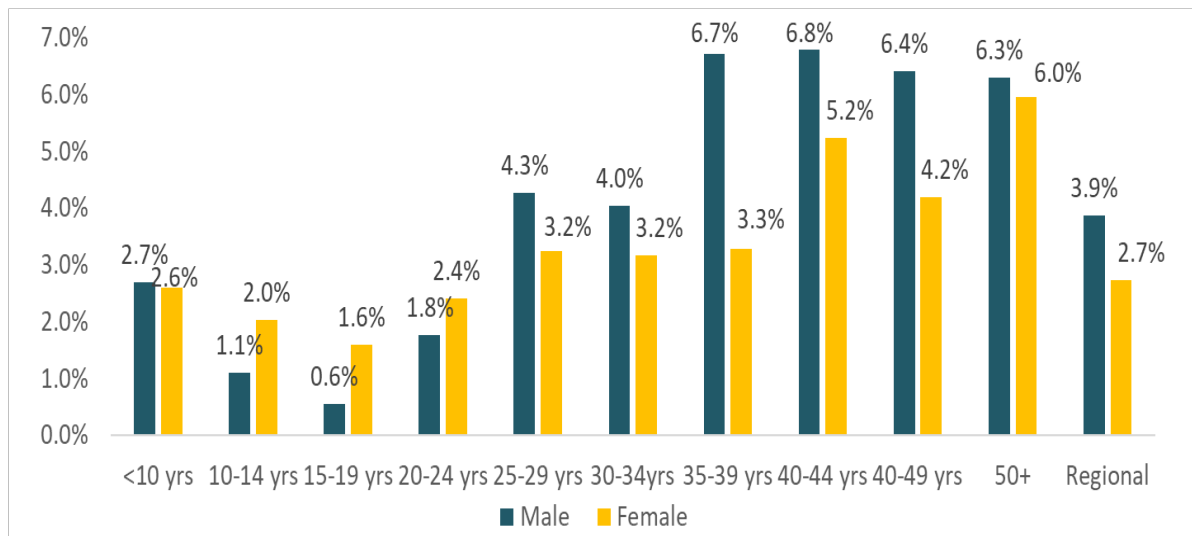


BUNYORO REGION

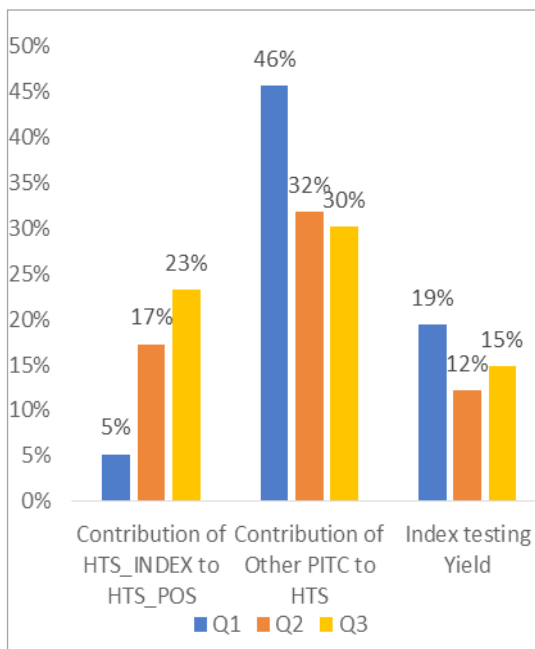


HIV Testing Services

Yield by Age and Gender in Bunyoro region, April – June 2021



Using CQI collaboratives to accelerate generation & scaling up of best practices to improve project performance in ACE-Bunyoro



Background: Between October – December 2020, the ACE-Bunyoro project achieved 359.6% of the HTS quarterly target, and there was a Suboptimal contribution of index testing to case identification (5.2%). The project established a QI collaborative in 27 sites that contributed 50% of HIV tests from the Other PITC modality.

Aim: To reduce the contribution of Other PITC modalities to HIV tests to less than 10% and increase the contribution of index testing to case identification to over 60% by the end of September 2021.

What worked: Improving provider knowledge about risk-based HTS (tar-geted OPD clinicians)

Appointing APN FPs (HWs) with clear roles

Tightened management of HTS kits

Incorporation of APN messages in pre-and post-testing counselling

Allowing clients time to recall the history of their sexual partners

Using WhatsApp groups to monitor daily facility outputs.

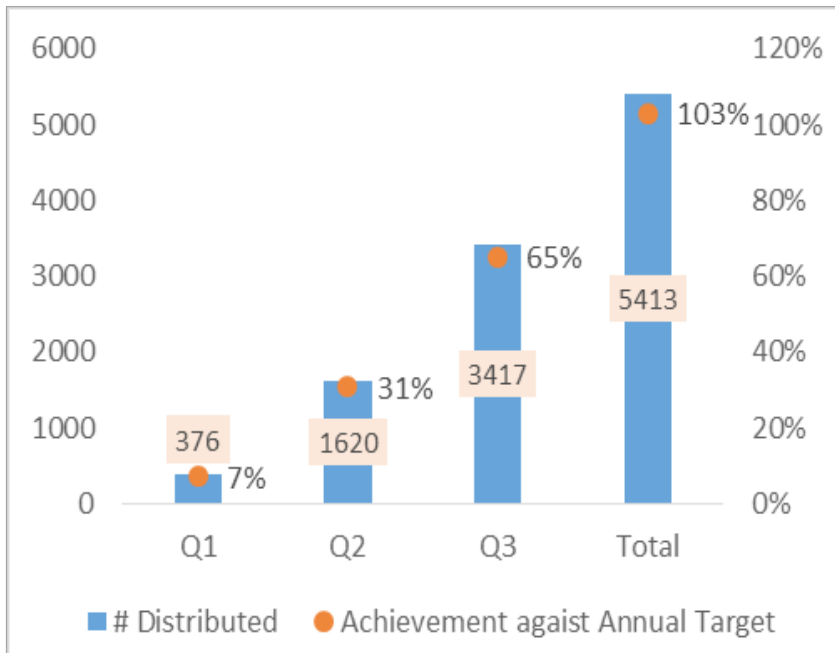
Results: shown in the graph



Mentorship in HTS screening at Kiryandongo Hospital



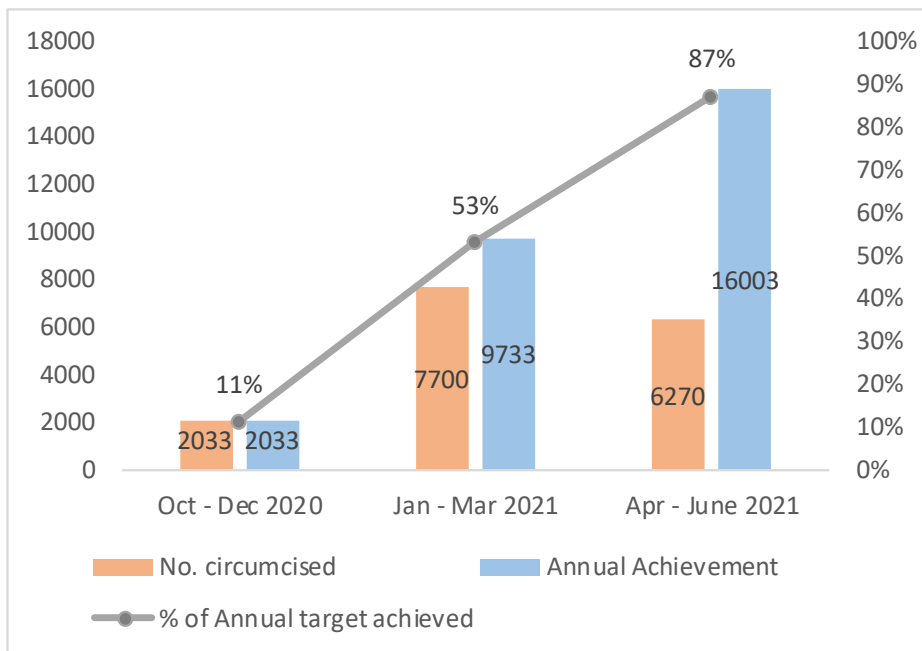
Orientation of APN collaborative district mentors at Hoima DLG



HIV Self Testing in Bunyoro Region

The ACE Bunyoro project has supported the distribution of HIV self-test kits to male partners of pregnant women attending antenatal care (ANC) and to key populations (KP) using the peer-led approach. Before distribution, the peer leaders and midwives were mentored on conducting physical demonstrations on the use of HIV self-testing kits. By the end of June 2021, the project had achieved the annual target. This outstanding performance was attributed to the intensified distribution of self-tests during KP outreaches and normal distribution during ANC.

VOLUNTARY MEDICAL MALE CIRCUMCISION

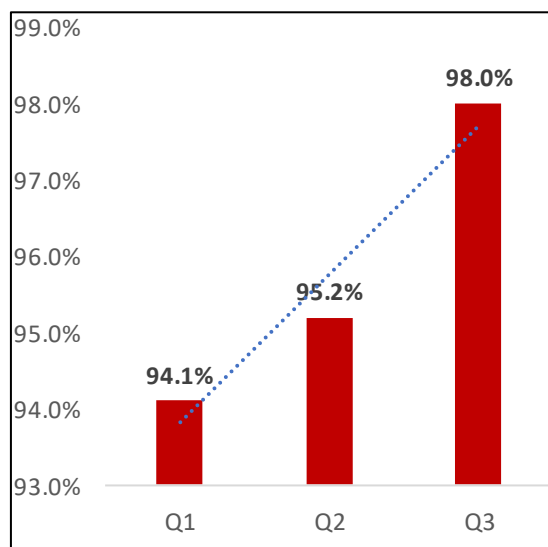


Due to the transition process as Baylor-Uganda started operations in Bunyoro, VMMC performance in Q1 was low at 11% of the annual target. The project supported the districts to implement VMMC, and by the end of June 2021, the region had achieved 87% of the annual target.

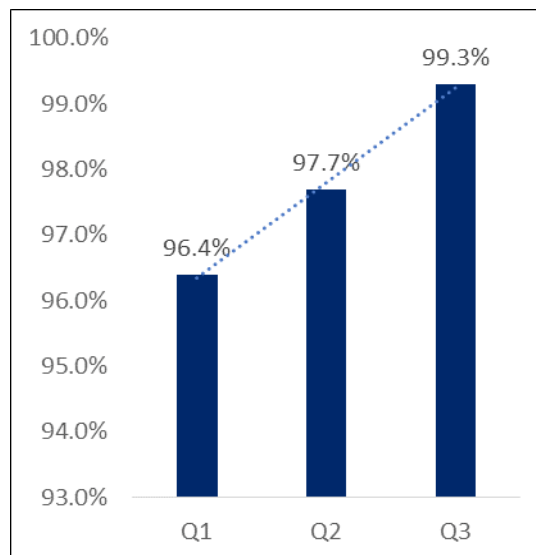
PREVENTION OF MOTHER TO CHILD TRANSMISSION IN BUNYORO (PMTCT)

Since starting out in Bunyoro in October 2020, Baylor-Uganda has made significant strides and is changing the elimination trends of Mother-to-Child Transmission (eMTCT) of HIV. The region has progressively improved in ensuring that pregnant mothers are tested for HIV and initiated on treatment. The graphs below show performance from October 2020 – June 2021.

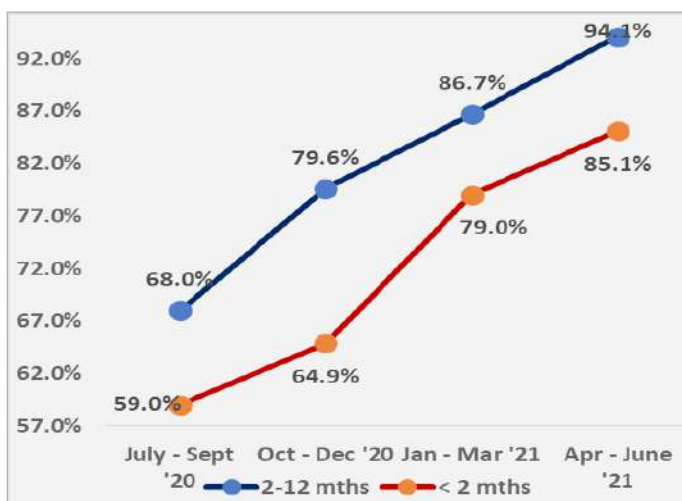
The proportion of pregnant mothers attending ANC1 with known HIV status, Oct 2020 – June 2021



Proportion of HIV positive mothers on ART, Oct 2020 – June 2021



To prevent transmission of HIV from mothers to infants, it is important that HIV exposed infants (HEI) are tested early. The ACE-Bunyoro project has made significant progress in early EID coverage progress, starting from 59% by the end of September 2020 and improving to 85% by the end of June 2021.



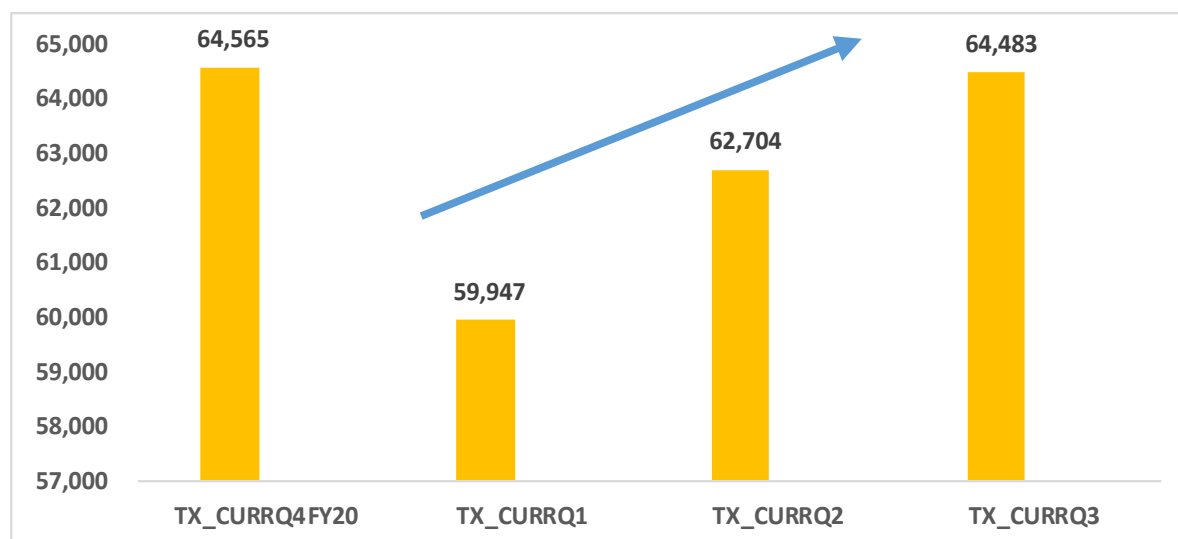
Game Changers

- Widely distributed & popularized EDD trackers
- Registration of HEIs at Birth
- Integrated Community EID bleeding
- Weekly data reviews
- Targeted TA to slow progressing sites in Buliisa, Kakumiro and Kikuube districts
- 6/11 Point of Care sites reporting through ALIS

By the end of June, the Bunyoro region had 64,483 clients active in care (TX_CURR) compared to 62,704 clients in care by the end of March, putting the region at 93% of the 69,375-annual target, which was a gradual increase from 86.4% in Q1 and 89.5% in Q2. All the districts registered a growth in their TX_CURR since the start of COP20. The growth in TX_CURR can be explained by improved documentation in the data capture tools and timely follow-up of clients who miss their appointments.

District	TX_CURR Q4FY20	TX_CURR Q1FY21	TX_CURR Q2FY21	TX_CURR Q3FY21	TX_New Q3FY21	Net Gain/Loss	Tx_Net_New	FY21 Q1 Target	% of annual target Achieved	TX_CURR Growth
Buliisa	2,648	2,035	2,220	2,386	75	91	166	2,680	89.0%	
Hoima	12,895	11,960	12,797	13,211	411	3	414	15,223	86.8%	
Kagadi	11,278	10,831	10,934	11,263	292	37	329	11,672	96.5%	
Kakumiro	9,718	8,550	9,186	9,440	305	- 51	254	10,046	94.0%	
Kibaale	3,820	3,352	3,644	3,533	113	- 224	- 111	4,214	83.8%	
Kikuube	6,828	6,385	6,807	7,086	289	- 10	279	6,858	103.3%	
Kiryandongo	6,541	6,283	6,433	6,670	243	- 6	237	7,207	92.5%	
Masindi	10,837	10,551	10,683	10,894	269	- 58	211	11,475	94.9%	
Bunyoro	64,565	59,947	62,704	64,483	1,997	- 218	1,779	69,375	92.9%	

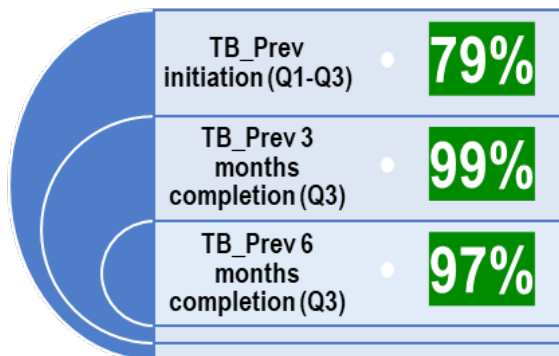
TX_CURR Trends July 2020 – June 2021



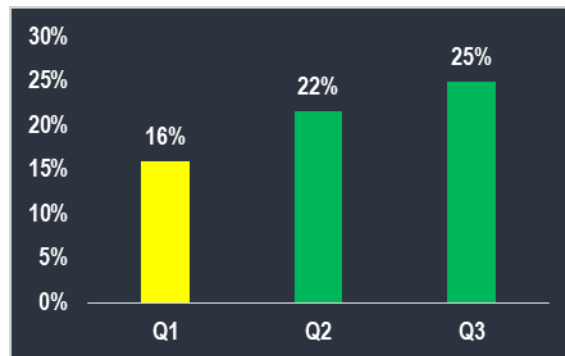
Pediatric and Adolescent HIV Care and Treatment

There were 3,147 children aged <15 years and 2,799 adolescents active in care by the end of June, contributing 70% and 67% of the annual pediatric and adolescent TX_CURR target, respectively. The significant challenge for retention is still the disproportionately high losses among females aged 15-19 years.

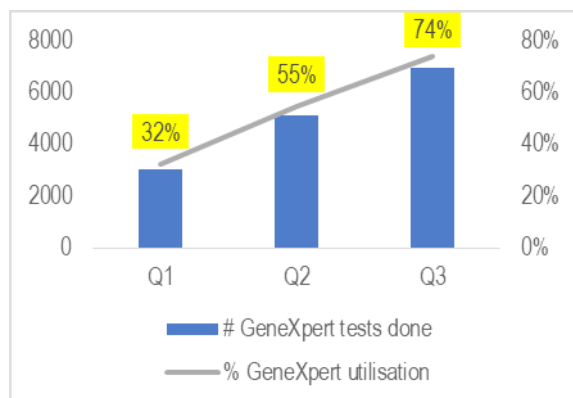
TB Preventive Therapy



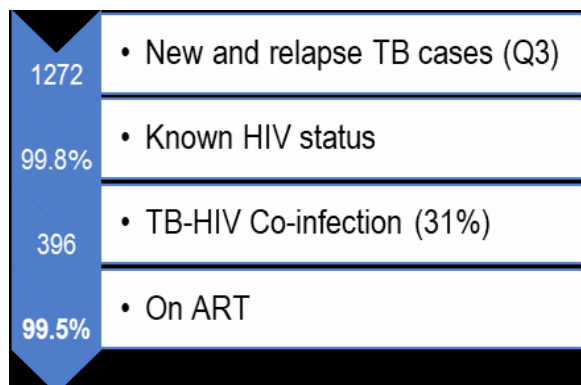
TB Case Detection rate



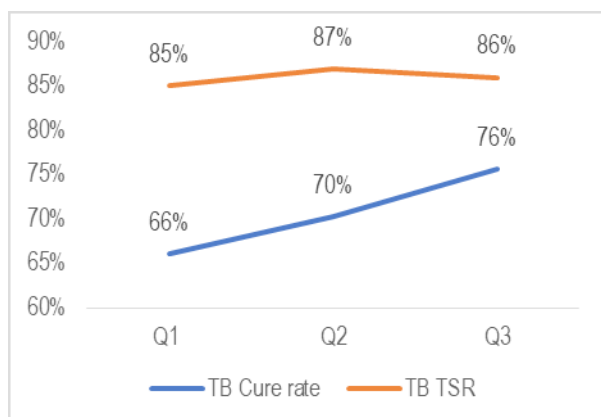
GeneXpert Utilisation



TB-HIV Collaborative activities



TB Treatment Outcomes





TB Data exchange and harmonization meeting in Kiryandongo district



Door-to-door TB screening in Apodorwa village, a TB hotspot in Kiryandongo district



Twinning: TB Coordinator and Regional TB Leprosy supervisor conduct orienting Hoima RRH Nutrition Unit team on pediatric TB screening and diagnosis.

Strategic Information: In the past twelve (12) months, Baylor-Uganda has supported the Bunyoro region towards establishing a robust Monitoring and Evaluation system to enable timely and accurate data capture and utilization by instituting and functionalizing the existing Health management information system. This has been done by supporting the distribution of HMIS tools printed by the MoH and implementing partners and training health workers in utilization. To enhance electronic data management, the Health Information System team has maintained the computers at seventy (73) health facilities and trained health workers. We were able to provide fixed internet to six (hubs) to support data exchange. Baylor-Uganda is committed to ensuring quality data is available for decision-making through

conducting routine data quality assessments. We continue to support data utilization by providing enablers in data analysis like TPMT and regular performance review meetings at the health facility and district level while working with the District Biostatisticians. In order to support the MoH in telecommunication, Baylor-Uganda procured and installed six (5) ECHO Zoom systems at district and health facilities. In the next twelve months, we commit to working closely with MoH, CDC, and other partners to support electronic data management across the region by providing fixed Internet to all District Health Offices and 50% of supported sites, extending ECHO Zoom technology to more than 18 sites and having Point of Care data entry to at least twenty-eight (28) health facilities.

Data Management



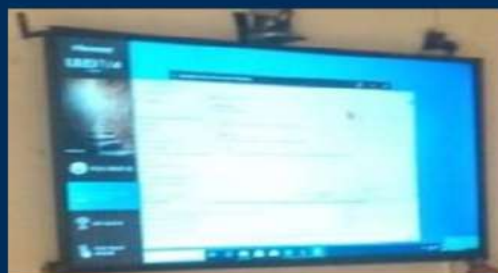
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Supporting telecommunication



District leaders at Kakumiro receiving ECHO Zoom equipment



Fully installed ECHO Zoom Equipment at Kakumiro District

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Quotes:

"Baylor is visible and available" – Major David Matovu – RDC Kakumiro

"Thank you for putting a big "taffari" (brick) on the district." – RDC Kakumiro

"One thing I like about Baylor is that it is client-centered" – Vicky Alum – HIV Focal person – Masindi District

Building Resilient and sustainable livelihoods for Adolescent Girls and Young Women's HIV Prevention

Poverty remains a crucial driver of HIV infection in Uganda. The situation is visibly worse among Adolescent Girls and Young Women (AGYW) aged 10-24 who face a three times higher risk of HIV infection than their counterpart males of the same age, partly due to poverty, Gender-based Violence, and other sexual reproductive health issues.



Inspired by our new organization vision; a world where children and their families live a healthy and fulfilled health, and our strategic objective five (5) to revitalise community systems and structures to address the health, economic and social needs of the children and their families, Baylor-Uganda with support from Global Fund through TASO Uganda the Principal Recipient of the Global Fund for non-public Sector is implementing a comprehensive Adolescent Girls and Young Women (AGYW) program, an HIV prevention initiative that aims at reducing new HIV infection among AGYW aged between 10-24 years.



The program implemented by Baylor-Uganda as a Sub Recipient, currently in 27 districts for TB care services, and Seven (7) districts for the AGYW program has for the last one year served 4,074 AGYW through the provision of a comprehensive defined package of HIV prevention addressing HIV, Gender-Based Violence and sexual reproductive health issues. Out of the above AGYW served, 2393 AGYW have been empowered with Socio-Economic Strengthening interventions, including; financial literacy and Enterprise Development Assistance (291 AGYW), Skills building (1308 AGYW) and second chance education (794 AGYW).

For Kellen a 22 years old young woman from Hoima district, her TASO-Baylor-Uganda AGYW HIV prevention and empowerment experience was self-assurance. When she finished her senior four education at 17 years, Kellen had no hope of furthering her education. Her mother, the sole bread winner, following incapacitation of her father due to a chronic illness, could no longer afford to pay Kellen's school fees. Kellen's mother had become overwhelmed by the burden of responsibility, given that she was only a casual worker digging for people.

In 2020, Kellen got an opportunity to be enrolled into Baylor-Uganda's implemented Global Fund-TASO AGYW HIV prevention program. She was grouped with other peers where they routinely met as a group in their safe space to receive behavior change messages, screened for HIV, STIs, and Gender-Based Violence. As part of the empowerment interventions to reduce vulnerability to HIV infection, the girls are enrolled into different skilling trades based on their interest and guidance based on the marketability of a given trade. Kellen surprised everyone with her self-confidence by choosing a traditionally male-dominated business of welding. Despite her peers laughing at her that what she decided was for men, she remained confident that she would manage the course. Kellen was enrolled in St. Simon Peter Vocation Training, which marked the journey of achieving her dream of becoming a welder.

Kellen, who completed her training by January 2021, has been paired with other 5 AGYW who

chose the same trade, and given a welding plant, hummer, Axle, and other essential equipment as a start-up package. According to Kellen,

"Girls and Women should stop saying that some jobs are for men yet they can also do them" she adds that "Girls should stop relying on men for money; they should instead wake up and work hard for their future."

To perfect her welding skills for self-employment, Kellen is currently working with PMW Welding Workshop in Kiryatete Kahoora Division in Hoima City, where she has been for six months. She hopes that she will have got customers and start her own workshop in Kigorobya Town Council after the attachment..

Kellen is one of the 1308 AGYW who has graduated in different non-formal trades, having been assessed and given Directorate of Industrial Training (DIT) certificates and Skills Sustainability Packages (SSPs) for self-employment.



Global Health Security Project highlights

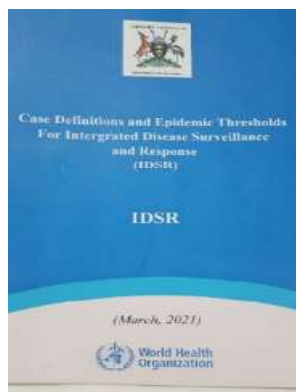
The Global Health Security (GHS) Project, with funding from the US CDC, aims at establishing, strengthening, and sustaining the implementation of International Health Regulations (IHR) core capacities in the Republic of Uganda. The project supports interventions to prevent, detect early, and promptly respond to public health threats nationally and in 17 districts of Fort Portal (Bundibugyo, Kabarole, Bunyangabu, Kamwenge, Kitagwenda, Kasese, Kyegegwa, Kyenjojo, and Ntoroko) and Bunyoro (Kiryandongo, Buliisa, Masindi, Hoima, Kikuube, Kagadi, Kakumiro and Kibaale) regions. Between October 2020 and June 2021, the GHS project made considerable strides in enhancing public health surveillance systems,

COVID 19 emergency preparedness, and response capacity at the national, regional, and district levels. Key achievements are highlighted below:

Strengthened public health surveillance systems at the national level

The GHS project continues to provide technical assistance to the Department of Epidemiology, surveillance, and public health emergencies under the Ministry of Health (MoH). The project seconding and continues to maintain eight epidemiologists within the MoH who continue to play a critical role in enhancing public health surveillance systems at the national level as depicted below:

Partner coordination finalization of the 3rd edition Integrated Disease Surveillance and Response guidelines (IDSR)



The team has continued to convene partner engagement and coordination meetings to finalize the 3rd edition IDSR guidelines. Various partners have so far committed to funding the rollout of the updated guidelines to 60 districts. Innovative training approaches such as the use of virtual platforms (ECHO zoom) have also been adopted.

Generation and dissemination of national epidemiological reports



The team continues to develop the regular epidemiological bulletins by facilitating the collation, analysis, interpretation, and dissemination of public health data. As a result, 24 weekly epidemiological bulletins were developed and disseminated to stakeholders between January and June 2021.

Supporting country-specific surveillance assessments

Seconded staff (epidemiologists) supported internal Joint External Evaluations (JEE) that highlighted current status, progress made, and gaps that remain in achieving public health surveillance performance targets, including Real-Time surveillance, reporting, and workforce development.

Support for the amendment of the Public Health Act on Notifiable Disease Notification

The team coordinated the review of Uganda's public health Act to include current knowledge and best practices depicted in the 3rd edition IDSR

Other supported activities at the national level

- Assessment of Infection Prevention and Control measures in schools and health facilities in Mbarara,
- Investigation of Rift valley fever in Kiruhura district,
- Health facility-based surveillance and Rapid Diagnostic Testing strategy development and rollout
- Development of a strategic plan for MoH epidemiology and integrated surveillance department

Improved COVID 19 emergency response operations at the national and sub-national level

The GHS project worked with CDC, WHO, and other partners to support surge planning, including constitution and ensuring full functionality of Uganda's COVID 19 Incident Management Team (IMT). IMT support included the engagement and deployment of 73 surge staff at the national and sub-national levels. These include Incident Management Team (IMT) pillar administrators, risk communication officers, alert desk volunteers, Regional Support Teams (RSTs), and point of entry screeners). Supported surge staff continue to play a vital role in development/review and dissemination of COVID 19 guidelines/SOPs and coordinating COVID 19 response activities, including case management, surveillance, information systems/digital innovations, risk communication, etc. laboratory testing at the national, regional, and district levels. In addition, supported surge staff have conducted supportive supervision visits across the country and improved reporting, analysis, and use of data for decision making.

Establishing a regional Public Health Emergency Coordination mechanism for COVID 19 response and beyond: a success story

The recent upsurge of COVID 19 cases underscores the need to build subnational capacity to coordinate operational information and resources for strategic management of public health emergencies. Multisectoral coordination for COVID 19 was weak in the Fort portal region, leading to a duplication of resources, limited synergy, and shared approaches among key players. Public Health Emergency Operation Centres (PHEOCs) serve as a hub for coordinating preparedness, response, and recovery from public health emergencies. In June 2021, Baylor-Uganda, in collaboration with CDC and the National Emergency Operation Centre (NEOC),

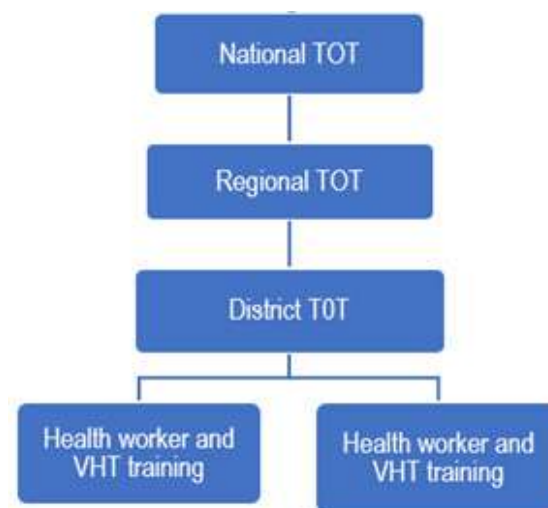


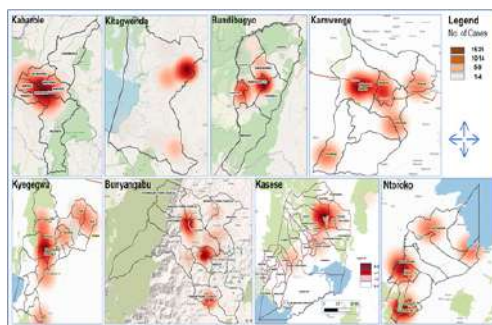
Figure 1: Hospital based surveillance and HBC training strategy

- 1) Engaged the national PHEOC, Fort Portal regional referral hospital (RRH), and Kabarole district leadership to build consensus on creating a cost-effective regional Emergency Operational Centre (REOC). The Fort Portal RRH provided office space and seconded staff to help functionalize the REOC
- 2) Supported the procurement of a limited range of office supplies (furniture and ICT equipment) of setting up the REOC at FRRH
- 3) Supported REOC staff to provide onsite and virtual training and mentorship to REOC seconded staff on the collection, analysis, interpretation, and dissemination of public health data to inform targeted COVID 19 response interventions
- 4) Supported the establishment of a Regional Task Force (RTF) through engaging regional and district stakeholders. The COVID 19 RTF meets weekly

The Coordination mechanisms led by Fort portal Regional Referral Hospital, with support from the REOC, have played a pivotal role in coordinating response activities and resources. The REOC collects, analyses, and disseminates actionable information, including hot spot maps [Figure A1 below], to inform targeted actions (to combat

the spread of COVID 19) during weekly regional coordination meetings. Coordination meetings are attended by all District Health Teams and Implementing partners and are chaired by the RRH director assisted by the chairperson of District Health Officers in the country. As needed, LC5's, Resident District Commissioner and Chief Administrative Officer, and MOH representatives are invited with specific actions. This data continued to inform tailor-made COVID 19 response decisions at the regional level, such as risk communication, enforcement of

Standard Operating Procedures (SOPs) (Figure A2 below), intensified active surveillance, case finding, and contact tracing. In addition, the REOC generates and disseminates a weekly epidemiological bulletin (Figure A3 below). The Regional Task Force has in addition coordinated preparedness and response activities for other outbreaks, including Rift Valley Fever (RTF) in Kyegegwa and mobilization for vaccination following confirmation of circulating Vaccine Derived Polio Virus in Uganda



A1. hot spot maps for selected districts in the Fort portal region



A2. Political leaders enforce COVID 19 SOPs in Fort portal city



A3. Rwenzori weekly COVID 19 bulletin

District led approach to building a resilient health workforce to contain the transmission of COVID 19

Having a well-trained public health workforce is critical in building local public health emergency response capacity. Besides, the recent surge of COVID 19 overwhelmed the health system, which is currently struggling to manage the confirmed cases. In 17 districts of Fort portal and Bunyoro regions, the GHS project worked with a pool of regional trainers to support the rollout of district-based Training of Trainers (ToT) and cascade training (Figure 1) to build district-level capacity to roll out the following strategies:

- 1) Hospital-based surveillance of COVID 19, a strategy for monitoring the spread of COVID 19, including case detection
- 2) Home-based care (HBC), a decentralized strategy for managing confirmed COVID 19 cases that are asymptomatic or have mild symptoms (Figure 2).

During the performance period, the project supported

- Training of 54 district-based staff (District Health Educators and District Surveillance Focal Persons) completed a ToT on hospital-based surveillance and subsequently trained 318 health facility and community workers from 36 sites.
- 190 district-based teams completed a ToT on COVID 19 Home Based Care (HBC). The 190 ToT subsequently trained 2000 community health workers (VHTs) from 17 districts. In addition, the VHTs were provided with HBC tools, including a register and reporting form to follow-up and report on COVID 19 HBC performance indicators. Figure 2 below shows the overall number of COVID 19 cases admitted in and discharged out of HBC (April to June 2021)
- District-based trainers continue to provide follow on mentorship and conduct joint supportive supervision visits on hospital-based surveillance and HBC to support health facilities across the 17 districts of Fort portal and Bunyoro regions. During the year, 157 health facilities received mentorship on hospital-

based surveillance and HBC (75 in Bunyoro and 82 in the Fort portal regions)

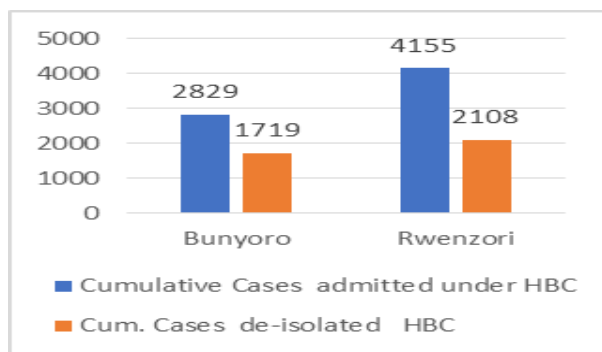


Figure 2: COVID 19 cases admitted and discharged under the HBC

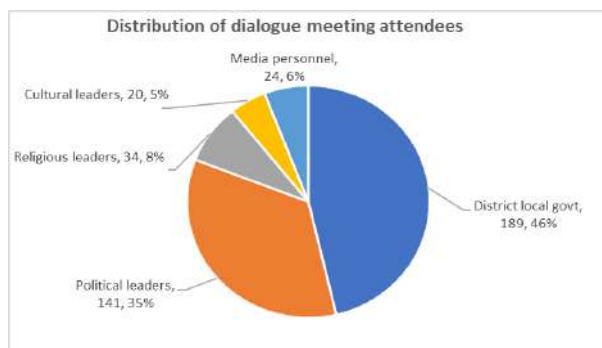


Figure 4: COVID 19 Vaccine dialogue meeting attendance

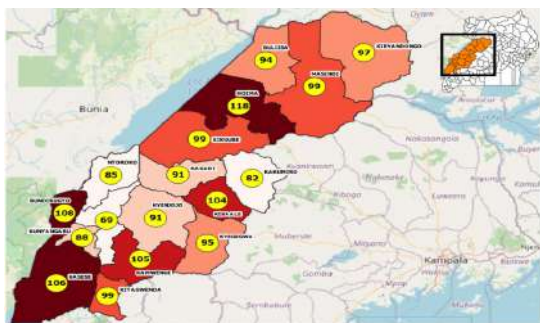


Figure 5: COVID 19 vaccine update across districts in Fort portal and Bunyoro regions

Enhancing the district's capacity to activate and rollout hospital-based surveillance and HBC strategies improved 1) case detection in health facilities and community, 2) contact tracing, and 3) case management. Further, enhanced sensitization

of district and community health care workers on minimizing community transmission helped revitalize 1,680 village task force (VTF) committees in the Fort portal and Bunyoro regions. These Task Force committees continue to coordinate COVID 19 response activities in collaboration with District Task Force (DTF) committees.

Improved COVID 19 vaccine uptake in the Fort portal and Bunyoro regions

Between March 2021 and June 2021, the GHS project supported activities to improve COVID 19 vaccine uptake (Astra Zeneca) among prioritized target groups: the target group was health care workers, teachers, uniformed forces, and persons aged 50+ years. We worked with the MOH and UNICEF to:

- Develop messages for vaccine advocacy and education.
- Conduct virtual training targeting district health teams. Trained district health teams championed efforts to scale up vaccine activities in the district.
- Convened district-based vaccine dialogue meetings with key district political, technical, religious, cultural, and security leaders and the media. Vaccination advocacy and education were conducted in the meetings.
- Printed and disseminated 30,000 vaccine posters printed to persons receiving their 1st vaccination dose.
- Assessed knowledge, self-efficacy, intention to vaccinate, and attitudes to the vaccines among priority populations in the Fort portal regions. Findings from these assessments helped inform targeted interventions.
- Mapped local influences, recorded and disseminated their vaccine advocacy voice bites messages via local radio stations.

During the year, 391 district leaders from 17 districts in the Bunyoro and Fort portal region attended the dialogue meetings. Overall, 54% of the attendees were from Fort Portal, and most were district local government officials (Figure 4 below). As a result, supported districts in the Fort portal and Bunyoro regions achieved >82% vaccine uptake for the 1st batch of vaccines supplied. Figure 5 below shows vaccine uptake results across districts in the Fort portal and Bunyoro regions.

Research grants in numbers

Baylor-Uganda's research portfolio has over the years improved courtesy of our funding partners; National Institute of Health (NIH), NIAID, NICHD, Eunice Kennedy Shriver and NIMH, EDCTP, HPTN,

DNDi, CIPHER, and IAS, Yale School of Medicine, Swedish Research Council, PENTA Foundation, CDC among others.

Figure1: Research grants overtime for Baylor-Uganda research (2017 -2020)



Year	% contribution in relation to total annual Baylor-Uganda income (including research) \$US
2020	8.62%
2019	7.58%
2018	4.73%

Current research areas



With trials, operation, and implementation research studies, collaborative research while empowering local Baylor-Uganda staff has been the cornerstone of our success. Baylor staff are now local principal investigators on several studies including; HPTN 084, VAT00008- COVPN3005 (Dr. Patricia Nahirya), IMPAACT 2010, IMPAACT 2017, IMPAACT 2009 (Dr. Violet Korutaro), COVPN3008 Dr. Peter Elyanu), SMILE, TB studies (Dr. Pauline Amuge) among others. Through such partnerships and an increased level of trust from the global research community, we have managed to add research training grants such as UNIVERSAL research capacity building sponsored by PENTA Foundation and D11 sponsored by NIH, with Mr. Albert Maganda as the principal investigator. We are open and enthusiastic to even more collaborations from both local and external partners.

Research dissemination, achievements and policy implication

Dissemination of evidence-based findings has been one of the pillars of our knowledge management strategy. In the last 12 months (July 2020 – June 2021), we have been in both local and international spotlights showcasing our scientific work through

abstracts and manuscripts. With continued efforts in research conduct and research grant writing, Baylor-Uganda has achieved some outstanding achievements in the last 12 months, as highlighted below:



- Dr. Pauline Amuge's efforts yielded a US\$ 150,000 grant from CIPHER in April 2021. This grant aims to study the integration of TB preventive treatment delivery into existing HIV differentiated service delivery models for children and adolescents living with HIV (CALHIV) and the effect of the COVID 19 restrictive control measures on initiation and completion of TPT among CALHIV at Baylor-Uganda COE. This will provide evidence on acceptable and effective strategies of integrating TPT delivery into ART DSDM for CALHIV, relevant to the Uganda TPT and HIV care policies in Uganda and globally.



- Dr. Rogers Sekabira, in his landmark finding, identified that there was higher colorectal tissue HIV infectivity in cisgender women compared with MSM before and during oral preexposure prophylaxis. This was part of his HPTN scholar grant PO19002554.



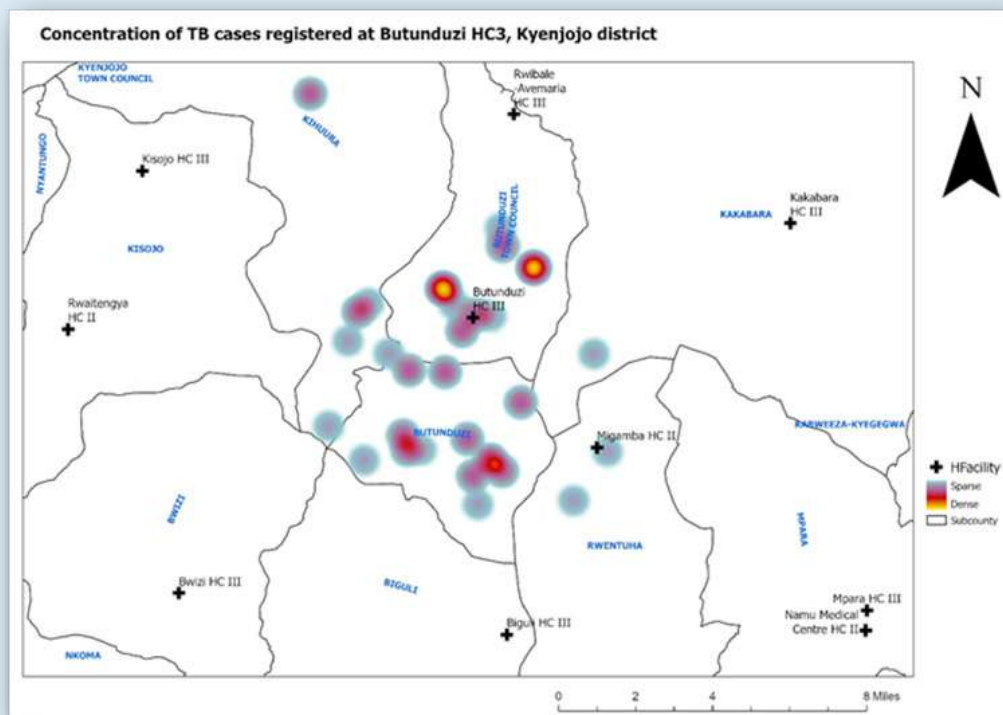
- Our very own Dr. Rosemary Odeke received an oral presentation at the International AIDS Society Conference, 2021, to showcase the risk of developing TB among clients who had completed TPT in the Fort Portal region. Her results indicate that there is a significantly low risk of developing TB if a person completes their TB preventive therapy regimen as prescribed in the national guidelines.



Staff from the different centres of excellence in Baylor foundations in 9 countries; Uganda, Tanzania, Malawi, Botswana, Eswatini, Romania, Argentina, Colombia annually converge with the Baylor College of Medicine (BCM) Children's Hospital Texas to showcase their scientific work. Baylor-Uganda excelled in this year's event through 4 awards; 2 best oral presentations by Dr. Emmanuel Mugisa and Rogers Ssebunya, 1 Art & Craft related award, and 1 group contribution award. Additional details can be found here <https://texaschildrensnews.org/global-health-symposium-draws-more-than-500-participants-for-an-exchange-of-ideas-on-innovation/>

We have further contributed to the global scientific knowledge through manuscripts where we have been either primary or co-authors. Detailed lists of these publications can be found below for the year 2020/2021:

1. John Paul Dongo, Stephen M. Graham, Joseph Nsonga, Fred Wabwire-Mangen, Elizabeth Maleche-Obimbo, Ezekiel Mupere, Rodrigo Nyinoburyo, Jane Nakawesi, Gerald Sentongo, Pauline Amuge, Anne Detjen, Frank Mugabe, Stavia Turyahabwe, Moorine P. Sekadde and Stella Zawedde-Muyanja: Implementation of an Effective Decentralised Programme for Detection, Treatment and Prevention of Tuberculosis in Children, *Trop. Med. Infect. Dis.* 2021, 6, 131. <https://doi.org/10.3390/tropicalmed6030131>
2. Thereza Were Piloya, Sabrina Bakeera-Kitaka, Grace Paul Kisitu, Richard Idro, Sarah E. Cusick: Vitamin D status and associated factors among HIV-infected children and adolescents on antiretroviral therapy in Kampala, Uganda, Published: June 24, 2021. <https://doi.org/10.1371/journal.pone.0253689>
3. Sekabira, Rogers; McGowan, Ian; Yugas, Krista; Brand, Rhonda M.; Marzinke, Mark A.; Manabe, Yukari C.; Frank, Ian; Eron, Joseph; Landovitz, Raphael J.; Anton, Peter; Cranston, Ross D.; Anderson, Peter; Mayer, Kenneth H.; Amico, K. Rivet; Wilkin, Timothy J.; Chege, Wairimu; Kekitiinwa, R.; Mccauley, Marybeth; Gulick, Roy M.; Hendrix, Craig W. Higher colorectal tissue HIV infectivity in cisgender women compared with MSM before and during oral preexposure prophylaxis. *AIDS*: April 06, 2021 doi: 10.1097/QAD.0000000000002907
4. Heather Haq, Peter Elyanu, Shaun Bulsara, Jason M. Bacha, Liane R. Campbell, Nader K. El-Mallawany, Elizabeth M. Keating, Grace P. Kisitu, Parth S. Mehta, Chris A. Rees, Jeremy S. Slone, Adeodata R. Kekitiinwa, Mogomotsi Matshaba, Michael B. Mizwa, Lumumba Mwita, Gordon E. Schutze, Sebastian R. Wanless, Michael E. Scheurer, and Joseph Lubega. Association between Antiretroviral Therapy and Cancers among Children Living with HIV in Sub-Saharan Africa. *Cancers* 2021, 13(6), 1379; <https://doi.org/10.3390/cancers13061379> Published: 18 March 2021
5. Savannah Mwesigwa, Lesedi Williams, Gaone Retshabile, Eric Katagirya, Gerald Mboowa, Busisiwe Mlotshwa, Samuel Kyobe, David P. Kateete, Eddie Mujjwiga Wampande, Misaki Wayengera, Sununguko Wata Mpoloka, Angella N. Mirembe, Ishmael Kasvosve, Koketso Morapedi, Grace P. Kisitu, Adeodata R. Kekitiinwa, Gabriel Anabwani, Moses L. Joloba, Enock Matovu, Julius Mulindwa, Harry Noyes Gerrit Botha, Chester W. Brown, Graeme Mardon, Mogomotsi Matshaba, Neil A. Hanchard. Unmapped exome reads implicate a role for Anelloviridae in childhood HIV-1 long-term non-progression. *NPJ Genom Med* 2021 Mar 19;6(1):24. Epub 2021 Mar 19
6. Charles Kiyaga, Vijay Narayan, Ian McConnell, Peter Elyanu, Linda Nabitaka Kisaakye, Eleanor Joseph, Adeodata Kekitiinwa, Jeff Grosz. Uganda's "EID Systems Strengthening" model produces significant gains in testing, linkage, and retention of HIV-exposed and infected infants: An impact evaluation. *PLoS One* 2021 4;16(2):e0246546. Epub 2021 Feb 4.
7. Shahin Lockman, Sean Brummel, Lauren Ziemba, Lynda Stranix-Chibanda, Katie McCarthy, Patrick Jean-Philippe, Benjamin Johnston, Chelsea Krotje, Lee Fairlie, Risa Hoffman, Paul E. Sax, Sikhulile Moyo, Nahida Chakhtoura, Jeffrey S. A. Stringer, Gaerolwe Masheto, Violet Korutaro, Haseena Cassim, Blandina Mmbaga, Esau Joao, Sherika Hanley, Lynette Purdue, Lewis Ball Holmes, Jeremiah D. Momper, Roger L. Shapiro, Navdeep Thoofer, James F. Rooney, Lisa Frenkel, K. Rivet Amico, Lameck Chinula, Judith Currier, IMPAACT 2010/VESTED study team and investigators. Efficacy and safety of dolutegravir with emtricitabine and tenofovir alafenamide fumarate or tenofovir disoproxil fumarate, and efavirenz, emtricitabine, and tenofovir disoproxil fumarate HIV antiretroviral therapy regimens started in pregnancy (IMPAACT 2010/VESTED): a multicentre, open-label, randomised, controlled, phase 3 trial. *Lancet*. 2021. 397: 1276-92.
8. Cecilia L. Moore, Anna Turkova, Hilda Mujuru, Adeodata Kekitiinwa, Abbas Lugemwa, Cissy M. Kityo, Linda N. Barlow-Mosha, Tim R. Cressey, Avy Violari, Ebrahim Variava, Mark F. Cotton, Moherndran Archary, Alexandra Compagnucci, Thanyawee Puthanakit, Osee Behuhuma, Yacine Sadi, James Hakim, Pauline Amuge, Lorna Atwine, Victor Musiime, David M. Burger, Clare Shakeshaft, Carlo Giaquinto, Pablo Rojo, Diana M. Gibb, Deborah Ford & the ODYSSEY Trial Team. ODYSSEY clinical trial design: a randomised, global study to evaluate the efficacy and safety of dolutegravir-based



Data use for effective & efficient project implementation

We are expanding our tentacles by conducting operation and implementation research within the projects we implement for effective and more efficient delivery of services. Hot spot mapping and scale-up of social network strategy among TB index clients is one of the clear examples that have improved our TB case identification within both ACE-FORT and ACE-Bunyoro projects. We

have additionally shown cased evidence in other thematic areas, including; improving viral load suppression among children and adolescents through community-based directly observed treatment for ART (ART-DOT). We aspire to continue this trend and adding to the body of knowledge locally and internationally.

List of studies

No.	Title of studies	Sponsor	Status	Site Principal Investigator
	COHORT: Prospective observational cohorts at the Baylor college of medicine children's foundation – Uganda COE	Not Funded (Internally funded)	Follow-up	Dr. Adeodata R Kekitiinwa
	Differentiated delivery of tuberculosis preventive treatment (TPT) within existing health facility and community HIV care models to improve TPT uptake and completion among children and adolescents living with HIV in Uganda following the COVID 19 pandemic.	CIPHER	Implementation begins 01 Nov 2021	Pauline Amuge
	Strengthening the Administration and Grants Management Capacity of Research directorate at Baylor-Uganda through training	NIH	Implementation	Mr. Albert Maganda
	Pharmacokinetic and safety studies of new antiretroviral formulations: expediting UNIVERSAL first and second line regimens for all children living with HIV in Africa	EDCTP	Training Component of the study being piloted	Pauline Amuge
	CoVPN 3008: Multi-Center, Randomized, Efficacy Study of COVID 19 MRNa Vaccine in Regions with SARS-CoV-2 Variants of Concern" in Uganda	South African Medical Research Council (SAMRC) and NIH	Submitted to Regulatory Authorities	Dr. Peter Elyanu
	VAT 00008: A parallel-group, Phase III, multi-stage, modified double-blind, multi-armed study to assess the efficacy, safety, and immunogenicity of two SARS-CoV-2 Adjuvanted Recombinant Protein Vaccines (monovalent and bivalent) for prevention against COVID 19 in adults 18 years of age and older	Sanofi Pasteur	Submitted to Regulatory Authorities	Dr. Patricia Nahirya Ntege
	IMPAACT 2026: Pharmacokinetic Properties of Antiretroviral and Anti-Tuberculosis Drugs during Pregnancy and Postpartum	NIAID, NICHD, Eunice Kennedy Shriver and NIMH	Preparations for Submission to Regulatory Authorities	Dr. Victoria Ndyabangi
	IMPAACT 2017: Phase 1/11 Study of the Safety, Acceptability, Tolerability, and Pharmacokinetics of oral and Long- Acting Injectable Cabotegravir and Long -Acting Injectable Rilpivirine in Virologically Suppressed HIV- Infected Children and Adolescents ' MOCHA ' (More Options for Children and Adolescents)	NIAID, NICHD, Eunice Kennedy Shriver and NIMH	Submitted to Regulatory Authorities	Dr. Violet Korutaro
	IMPAACT 2009: Assess Feasibility, Acceptability, and Safety of Oral Pre-Exposure Prophylaxis for Primary HIV Prevention during Pregnancy and Breast Feeding in Adolescents and Young Women	NIH	V3.0 Submitted to Regulatory Authorities	Dr. Violet Korutaro

No.	Title of studies	Sponsor	Status	Site Principal Investigator
	IMPAACT P1115: Very Early Intensive Treatment of HIV-Infected Infants to Achieve HIV Remission: A Phase 1/11 Proof of Concept Study, Version 2.0, 17 September 2018; DAIDS #11954; IND #133,017	NIH/NIAID/DAIDS	Enrolling & Follow-up	Dr. Violet Korutaro
	IMPAACT 2010: Phase III Study of the Virologic Efficacy and Safety of Dolutegravir-Containing versus Efavirenz-Containing Antiretroviral Therapy Regimens in HIV-1-Infected Pregnant Women and their Infants	NIH	Analysis	Dr. Violet Korutaro
	HPTN 084: Phase III Double-Blind Safety and Efficacy Study of Long-Acting Injectable Cabotegravir Compared to Daily Oral TDF/FTC for Pre-Exposure Prophylaxis in HIV-Uninfected Women	NIH	Follow-up	Dr. Patricia Nahirya Ntege
	BREATHER Plus; Evaluating the efficacy, safety and acceptability of weekends off DGT-based antiretroviral therapy (ART) and monthly long-acting injectable ART compared to daily DGT-based ART in virologically suppressed HIV-infected children and adolescents in sub-Saharan Africa	European & Developing Countries Clinical Trials Partnership (EDCTP)	Submitted to Regulatory Authorities	Dr. Adeodata R Kekitiinwa
	DPART; Pharmacokinetic study of Dihydroartemisinin-Piperaquine (DP) in HIV-infected children on EFV-, LPV/r-, or DTG-based ART and HIV-uninfected children not on ART. All children will be malaria- <i>uninfected</i> .	The National Institute of Child Health and Human Development	Submitted to Regulatory Authorities	Dr. Grace Paul Kisitu
	NOD: Novel and Optimized Diagnostics in Pediatric Tuberculosis in Kampala, Uganda	National Institute of Allergy and Infectious Diseases (NIAID)	Preparations for Enrollment	Dr. Adeodata R Kekitiinwa
	METs: Prevalence and Risks Associated with Metabolic Syndrome in Children and Adolescents living with HIV in Uganda. A PILOT STUDY	Yale School of Medicine	Enrolling	Peter J. Elyanu
	Collaborative African Genomics Network (CAFGEN)	NIH	Enrolling & Follow-up	Dr. Adeodata R Kekitiinwa
	Effects of antiretroviral therapy during pregnancy and lactation on the bone health of urban Ugandan women, and on infant growth (GUMBA Study)	Medical Research Council (PhD Student study)	Analysis	Dr. Florence Nabwire
	The importance of Pharmacogenetic variation on Efavirenz plasma levels and Treatment effects in ART-naïve HIV-infected Ugandan children aged 3 to 12 years (GENEFA)	Swedish Research Council	Analysis	Dr. Adeodata R Kekitiinwa
	Prospective study of Lopinavir based ART for HIV Infected Children Globally (LIVING)	DNDi, Chemin Louis Dunant, 15, 1202 GENEVA Switzerland	Analysis	Dr. Adeodata R Kekitiinwa

No.	Title of studies	Sponsor	Status	Site Principal Investigator
	Lopinavir/r/ Lamivudine/ Abacavir as an easy to use Paediatric Formulation in a Phase I/II Study (LOLIPOP)	DNDi, Chemin Louis Dunant, 15, 1202 GENEVA Switzerland	Data Cleaning & Analysis	Dr. Grace Paul Kisitu
	Once Daily Dolutegravir based ART in Young people vs. the Standard of care (ODDYSEY)	PENTA Foundation	Follow-up, Data Cleaning & Analysis	Dr. Adeodata R Kekitiinwa
	SMILE: Strategy for Maintenance of HIV suppression with once daily Integrase inhibitor +darunavir/ritonavir in children (PENTA 17)	PENTA Foundation	Data Cleaning & Analysis	Dr. Pauline Amuge
	Household and Family-Centered Approach to Improve Case Finding, Diagnosis and Linkage to Treatment for TB and HIV in Uganda (HOP project)	CDC	Data Analysis	Dr. Pauline Amuge
	Co-HED :Study of Co-medication with HAART and anti-Epileptic Drugs	Swedish Research Council	Enrolling & Follow-up	Dr. Rogers Sekabira
	COMBAT; Community-based initiation of isoniazid preventive therapy (IPT) among household TB contacts in Uganda: A pilot project in Southwestern Uganda	International Society for Infectious Diseases (ISID)	Enrolling & Follow-up	Dr. Pauline Amuge

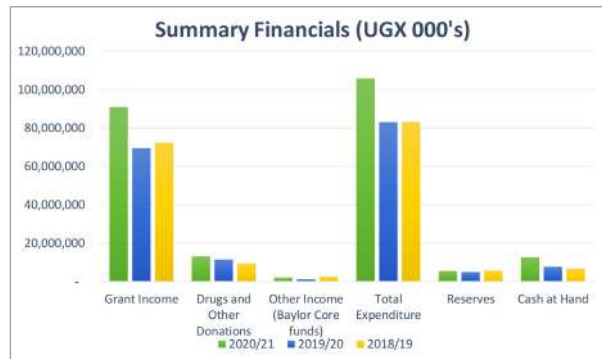
In FY 2020/2021, Baylor Uganda received grant income of UGX 95.2BN of the secured funding of UGX 100.5BN against a budget of UGX 106.7BN; 89% of budget realisation.

94% of Baylor Uganda income is received in advance; whilst 6% which is mainly from NIH (JHU studies) is received on reimbursement basis as targets / milestones are achieved. The financial statements of the organisation are prepared in accordance with International Financial Reporting Standards (IFRS), as such, income received in advance is deferred and released to the income statement when spent. Income received on reimbursement is recognised when the milestones / targets are achieved and invoiced

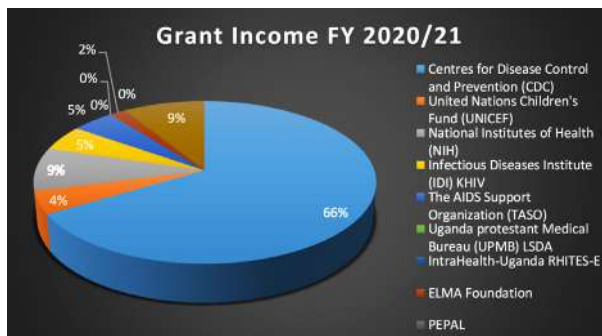
Key Highlights during the year

- ❖ Grant income released was UGX 90.9BN, compared to UGX 69.4BN in the previous year which is a 24% increase. This relates to new grants obtained in the year ie ACE Bunyoro and Global Health Security from CDC; Rhites E sub grant from Intra health Uganda (USAID); LSDA-UPMB sub grant and WHO ICCM project.
- ❖ Drugs and Other Donations received was UGX 13.2 BN compared to UGX 11.4 BN in the previous year (14% increment).
- ❖ Other income generated was UGX 2.1 BN compared to UGX 1.3 BN in FY 2019/20; a 38% increment. Internal income generated is mainly from lab tests, project recharges and interest on financial investments.
- ❖ Expenditure in FY 2020/21 was mainly driven by medical supplies and patient care, staff costs, administrative costs, trainings, partners and sub grants.
- ❖ On the balance sheet; assets increased by 22% in FY 2020/21 mainly due to increased grants i.e. Purchase of vehicles for project implementation and increased cash balance from grants received in advance not yet implemented..

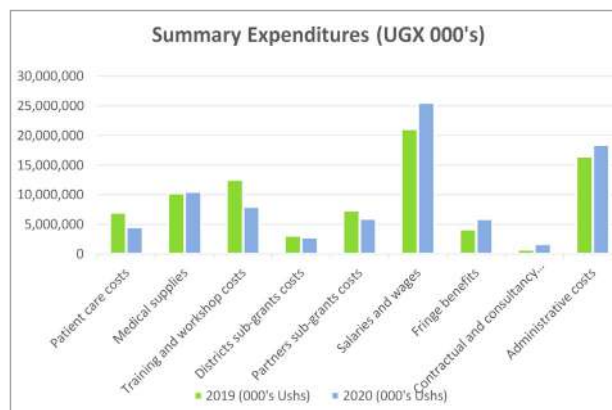
Trend Analysis of Key Financial Performance Indicators:



Baylor Uganda income and reserves have grown steadily over the period in line with its programming base. CDC remains the biggest funder contributing 71% of the grant income (66% prime funds for ACE-Fort, ACE Bunyoro and GHS and 5% sub grant through IDI-Kampala HIV).



Summary of Expenditure per cost category:



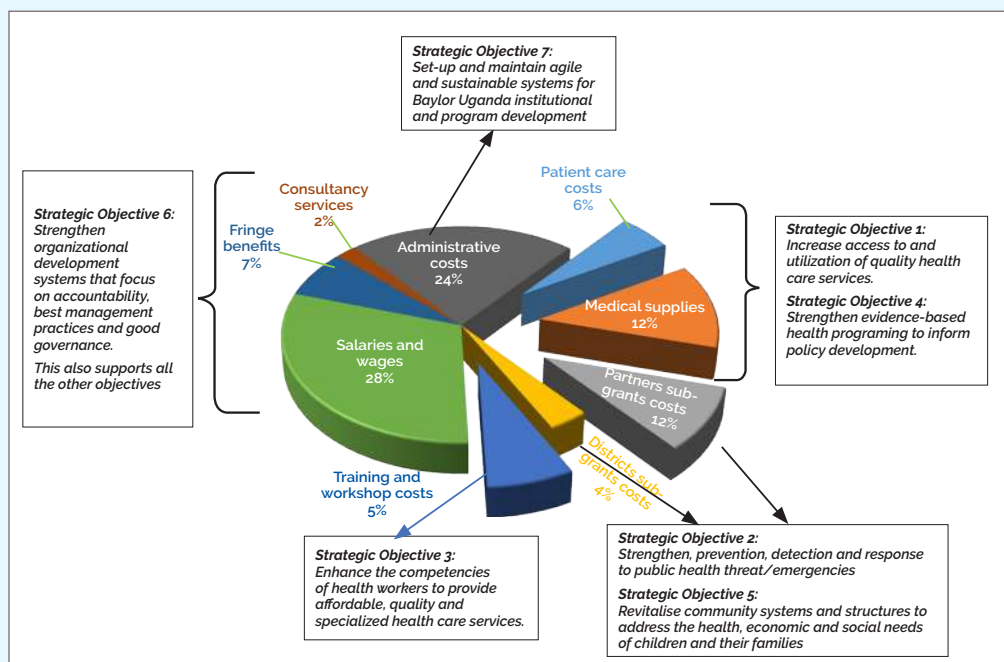
VALUE-ADDED STATEMENT

Baylor Uganda's Value added statement is the total revenue generated in the period and how it is distributed to the programme areas that drive its strategic objectives.

The Surplus is ploughed back into service delivery to ensure Baylor meets its strategic objectives.

Value Added	2020/2021 (000's Ushs)	2019/2020 (000's Ushs)
Grant Income	89,824,935	68,313,760
Other Income	2,113,257	1,301,792
Drugs and Other Donations	13,239,289	11,428,750
Deferred Income realized	1,129,629	1,174,648
Wealth generated	106,307,110	82,218,950
Distribution of Wealth		
Medical supplies and patients care costs	19,058,892	15,144,545
Program costs	21,838,745	16,846,874
Staff costs	37,375,172	31,400,911
Contractual and consultancy services	2,099,702	1,752,387
Administrative costs	25,350,939	17,841,680
Wealth distributed	105,723,450	82,986,397
Surplus / (Deficit)	583,660	(767,447)

Graph Showing Proportional Expenditure per area:



Budget Performance

In FY 2020/2021, Baylor Uganda had an annual budget of UGX 103 BN to run its operations and meet its strategic objectives. As at 30th June 2021, UGX 100.8 BN was secured funds against this budget (94%).

Secured Funding Per Project as at 30th June 2021:

Baylor Uganda funding straddles different years depending on the start of the project or the funder's fiscal years. The secured funding in FY 2020/2021 has therefore been pro-rated to take into account the project period versus Baylor Uganda's reporting period. Expenditure against budget is on a cash basis; the overall burn rate for FY 2020/2021 was 93%.

Funders & Projects	Annual Budget (July20 – June 21) UGX	Secured Funding (July20 – June 21) UGX	%age Funding Realized	Budget Spend (July20-June 21) UGX	Burn Rate (%)
COE Core	1,259,452,494	1,940,898,260	154%	1,644,607,526	85%
BIPAI	185,925,375	36,771,582	20%	36,771,582	100%
CDC ACE-Fort	57,805,073,256	46,310,808,578	80%	51,101,627,503	110%
Texas Hospital - PHO Program	4,066,703,892	4,187,546,230	103%	3,424,321,235	82%
JHU (DAIDS Studies)	3,276,885,896	6,116,705,060	187%	5,627,363,109	92%
KHIV - IDI	3,320,201,118	3,225,673,023	97%	3,101,332,567	96%
ELMA Foundation - PHO program	913,175,596	913,214,880	100%	1,005,205,721	110%
ODYESSY Study	696,704,853	581,997,921	84%	538,484,736	93%
ELMA Foundation - Unfinished Business	1,010,666,365	1,069,288,182	106%	779,387,245	73%
Baylor Botswana - CAfGEN	247,169,219	235,400,635	95%	200,292,342	85%
TASO Global Fund	4,023,416,060	4,164,687,496	104%	4,106,739,465	99%
UNICEF	4,536,712,950	6,280,758,510	138%	3,570,863,526	57%
LOLIPOP	143,160,119	110,821,095	77%	128,891,896	116%
SMILE	257,045,016	91,309,895	36%	231,193,488	253%
Mulago Hospital	1,000,000,000	65,747,588	7%	65,746,660	100%
WHO Incinerators	970,570,664	945,713,604	97%	1,018,519,240	108%
Breather Plus	661,583,894	918,227,188	139%	- 611,585	0%
WHO ICCM	676,431,633	676,431,633	100%	811,729,617	120%
LSDU-UPMB	520,800,203	1,127,698,614	217%	552,488,347	49%
ACE Bunyoro	17,126,908,056	16,908,545,009	99%	13,240,721,257	78%
Global Health Security	4,075,949,481	3,916,173,464	96%	2,347,992,618	60%
RHITES - E	-	183,857,909	100%	119,204,496	65%
WHO Contact Tracing + CBDS	-	312,558,445	100%	228,116,847	73%
Others	260,636,972	530,796,918	204%	358,155,906	67%
TOTAL	107,035,173,111	100,851,631,721	94%	94,239,145,343	93%

CONDENSED FINANCIAL STATEMENTS FOR THE YEAR 2020/2021

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BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA REPORT OF THE DIRECTORS FOR THE YEAR ENDED 30 JUNE 2021

The Directors submit their report together with the audited financial statements for the year ended 30 June 2021, in accordance with section 157 of the Companies Act, which discloses the state of affairs of the company.

1) Incorporation

The company was incorporated under the Companies Act on 2 November 2006 as a company limited by guarantee and no share capital. It was registered as a non-government organization on 15 June 2007.

2) Principal activities

The company uses funds received from donors to promote, protect and support the health of HIV exposed and infected children and adolescents of Uganda.

3) Financial results

	2021 Ushs '000	2020 Ushs'000
Income	106,353,616	82,218,950
Expenditure	(105,769,956)	(82,986,397)
Surplus / (Deficit) for the year	583,660	(767,447)

4) Directors

The Directors who served during this year are set out on page 1.

5) Directors' benefits.

No Director has received or become entitled to receive any benefits other than those included in the aggregate amount of emoluments received or due and receivable by Directors shown in the financial statements.

6) Auditors

The auditors, Ernst & Young, Certified Public Accountant will continue in office in accordance with Section 167(2) of the Ugandan Companies Act.

7) Approval of financial statements

The financial statements were approved at a meeting of Directors held on 14th October 2021.

BY ORDER OF THE BOARD



Secretary to the Board
Kampala

**BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF DIRECTORS' RESPONSIBILITIES
FOR THE YEAR ENDED 30 JUNE 2021**

The Companies Act, 2012 requires the directors to prepare financial statements for each financial year, which give a true and fair view of the state of financial affairs of the entity as at the end of the financial year and of its operating results for that year. It also requires the directors to ensure the entity keeps proper accounting records which disclose with reasonable accuracy, at any time, the financial position of the company. They are also responsible for safeguarding the assets of the Entity.

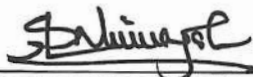
The directors are ultimately responsible for the internal control. The directors delegate responsibility for internal control to management. Standards and systems of internal control are designed and implemented by management to provide reasonable assurance as to the integrity and reliability of the financial statements and to adequately safeguard, verify and maintain accountability of the entity's assets. Appropriate accounting policies supported by reasonable and prudent judgments and estimates, are applied on a consistent and using the going concern basis. These systems and controls include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties.

The directors accept responsibility for the period's financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments and estimates, in conformity with International Financial Reporting Standards and the requirement of the Companies Act. The directors are of the opinion that the financial statements give a true and fair view of the state of the financial affairs of the Entity and of its operating results. The directors further accept responsibility for the maintenance of accounting records which may be relied upon in the preparation of financial statements, as well as adequate systems of internal financial control.

The Directors have made an assessment of the company's ability to continue as a going concern and have no reason to believe the company will not be a going concern for at least the next twelve months from the date of this statement.

Approval of the financial statements

The financial statements which appear on 7 to 36 were approved by the Board of Directors on 14th October 2021 and were signed on its behalf by:



Chairman Board of Directors



Executive Director



Ernst & Young
 Certified Public Accountants of Uganda
 Ernst & Young House
 Plot 18, Clement Hill Road
 Shimoni Office Village,
 P.O.Box 7215
 Kampala, Uganda

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 Email: info.uganda@ug.ey.com
 www.ey.com

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

REPORT ON THE AUDIT OF FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Baylor College of Medicine Children's Foundation Uganda, set out on pages 7 to 36, which comprise the statement of financial position as at 30 June 2021, and the statement of comprehensive income, statement of changes in reserves 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 financial statements present fairly, in all material respects, the financial position of Baylor College of Medicine Children's Foundation Uganda as at 30 June 2021 and of its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Companies Act of Uganda, 2012.

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 (IESBA Code), and other independence requirements applicable to performing audits of Baylor College of Medicine Children's Foundation 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 (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.



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- 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.

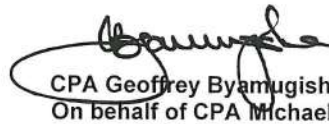
REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

As required by the Companies Act of Uganda, 2012, we report to you based on our audit, 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 Michael Kimoni - P0248.


Ernst & Young
Certified Public Accountants of Uganda
Kampala, Uganda


CPA Geoffrey Byamugisha – P0231
On behalf of CPA Michael Kimoni

08 October 2021

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2021

INCOME		2021 Ushs '000	2020 Ushs '000
Grant Income	4(a)	89,885,432	68,313,760
Drugs and Other Donations	4(b)	13,239,289	11,428,750
Deferred Income realized	4(c)	1,129,629	1,174,648
Other Income	4(d)	2,099,266	1,301,792
		106,353,616	82,218,950
EXPENDITURE			
Medical supplies and patients care costs	5	19,058,893	15,144,545
Program costs	6	21,838,745	16,846,874
Staff costs	7	37,375,172	31,400,911
Contractual and consultancy services	8	2,099,702	1,752,387
Administrative costs	9	26,241,129	18,514,759
Foreign exchange gains	10	(843,685)	(673,079)
		105,769,956	82,986,397
Surplus/ (deficit) for the year	11	583,660	(767,447)
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME/ (LOSS)		583,660	(767,447)

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED 30 JUNE 2021

	Accumulated Surplus Ushs '000
At 1 July 2019	5,758,547
Total comprehensive loss for the year	(767,447)
At 30 June 2020	4,991,100
At 1 July 2020	4,991,100
Total comprehensive income for the year	583,660
At 30 June 2021	5,574,760

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 Ushs '000	2020 Ushs '000
CASH FLOW FROM OPERATING ACTIVITIES			
Surplus/(Deficit) for the year		583,660	(767,447)
Adjustments for:			
Depreciation	12	1,052,008	1,088,063
Amortization	13	77,622	86,586
Loss/ (Gain) on disposal assets		132,948	(152,270)
Net income deferred	19	6,270,627	4,220,652
Net cash inflows before working capital changes		8,116,865	4,475,584
Changes in working capital			
(Increase) in inventories		(844,346)	(900,116)
(Increase)/decrease in receivables and prepayments		(2,099,750)	575,961
Increase in payables and accrued expenses		1,119,552	296,029
(Decrease)/Increase in provisions		(2,861,929)	1,366,850
Net cash generated from operations		3,430,392	5,814,308
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for acquisition of property and equipment	12	(1,580,238)	(812,314)
Payment for acquisition of intangibles	13	-	(64,969)
Proceeds from sale of equipment		-	152,270
Proceeds from/ (payment for) investments at amortized cost		3,157,909	(3,961,615)
Net cash from/ (used in) investing activities		1,577,671	(4,686,628)
Increase in cash and cash equivalents		5,008,063	1,127,680
Cash and cash equivalents at start of the year		7,771,724	6,644,044
Cash and cash equivalents at end of year		12,779,787	7,771,724
REPRESENTED BY:			
Cash and cash equivalents	17	12,779,787	7,771,724

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2021

	Notes	2021 Ushs '000	2020 Ushs '000
ASSETS			
Non-current assets			
Property and equipment	12	6,229,695	5,833,454
Intangible assets	13	83,721	162,301
		<u>6,313,416</u>	<u>5,995,755</u>
Current assets			
Inventories	14	3,842,856	2,998,510
Receivables and prepayments	15	4,978,590	2,878,840
Financial assets at amortised cost	16	803,706	3,961,615
Cash and cash equivalents	17	12,779,787	7,771,724
		<u>22,404,939</u>	<u>17,610,689</u>
TOTAL ASSETS		<u>28,718,355</u>	<u>23,606,444</u>
RESERVES AND LIABILITIES			
Reserves			
Accumulated surplus		<u>5,574,760</u>	<u>4,991,100</u>
LIABILITIES			
Non-current liabilities			
Deferred income	19	<u>18,486,755</u>	<u>12,216,127</u>
Current liabilities			
Trade and other payables	18(a)	3,106,442	1,986,890
Provisions	18(b)	<u>1,550,398</u>	<u>4,412,327</u>
		<u>4,596,840</u>	<u>6,399,217</u>
TOTAL RESERVES AND LIABILITIES		<u>28,718,355</u>	<u>23,606,444</u>

The financial statements on pages 7 to 36 were approved by the board of directors on 4th October 2021 and were signed on its behalf by:


 Director


 Director

INTERNAL AUDIT MANDATE

Baylor-Uganda recognizes the Internal Audit Directorate as a strategic unit to promote governance, assess risk management practices, and improve internal controls. The Internal Audit function is robust and fully functional with relevant policy frameworks and competent staff led by the Head of Internal Audit. It has a well-defined operational and administrative reporting relationship with the Board Audit Committee and the Executive Director.

OUR PRINCIPAL RISKS

Risk Category	Risk Description	Risk Drivers/ Sources	Risk Response	Results
Strategic/ Operational	ICT infrastructure/ system (hardware and software) and digital capabilities cannot sufficiently compete, support business operations, manage cyber threats and information security.	a) Old and aging/ outdated ICT infrastructure (hardware and software). b) Revolving ICT requires constant training of IT personnel.	a) A consultant conducted an organizational-wide ICT assessment of the infrastructure, software, hardware, personnel capacity, etc., was conducted by a consultant. b) Roadmap for Remedying vulnerabilities identified developed. c) We monitor the implementation of the remedial actions and provide a status report to the Board quarterly.	Improved security over information.
Strategic	Public health emergencies such as epidemic outbreaks (Ebola, Marburg, COVID 19, etc.) and floods could lead to interruption of program activities and staff contracting the disease	a) Inadequate surveillance system for epidemics b) Shortage/ inadequate capacity of health care workers to handle and contain public health emergencies	a) We support the epidemic and floods Surveillance Taskforces in our operations areas as the implementing partner. b) We support building infrastructure for remote training and healthcare workers' capacity in handling and containing public health emergencies. c) We support our clients, health workers, and staff with Personal Protection Equipment (PPE) d) We continuously advise our team to take COVID 19 vaccination	a) Continuous provision of healthcare services during COVID 19 pandemic. b) Low transmission rate and severe disease among staff and health workers in the areas of our operation.
Strategic	Tense Political Environments before, during, and after national elections could lead to interruption of program activities.	a) Increasing political activities by various actors. b) Increasing non-employment due to COVID 19, etc	a) We continuously assess the political environment and advise our staff on security matters regularly. b) We are a non-partisan organization and prohibit our staff from participating in politics.	Violence before, during, and after national elections had minimal impact on our operations, and staff were not affected.

Risk Category	Risk Description	Risk Drivers/ Sources	Risk Response	Results
Compliance	Potential penalties and sanctions for noncompliance with laws and regulations, policies/ procedures, and donor requirements that could impact the organization's financial performance and image.	a) Continuous enactment of new laws and regulations. b) Continuous changes in donor requirements. c) Continuous changes in professional standards	a) We monitor and consistently respond to changes in laws and regulations and donor requirements. b) We conduct regular compliance assessments to identify compliance gaps and address them. c) We train our staff regularly on changes in legislation, professional standards, and donor requirements. d) Critical decisions are reviewed for compliance with laws and regulations and donor requirements before being implemented.	a) No penalties for non-compliance with laws and regulations and donor requirements in the reporting period. b) Unqualified/ clean audit opinion issued by our external auditors.
Strategic	Suspension/ reduction in funding from our major donors could lead to nonachievement of the strategic objectives	a) COVID 19 pandemic impact on the global economy causing a reduction in donor resource envelopes and a shift in funding priorities. b) Failure to adhere to project proposal writing guidance and submission timelines	a) We collaborate with other reputable partner organizations for grants. b) Strategic networking, donor engagement, and prepositioning. c) Diversification of the strategic program scope of the organization. d) Expand our core funding base/ sources. e) Strong leadership over project proposal writing and submission processes	a) Increased proposals' success rate, number of donors, and funds to the organization in the financial year. b) Although our core funds did not increase as expected, more efforts are being made to widen the core funding base/sources
Strategic/ Operational	Oversight deficiencies due to the increased number of projects and scope could lead to misappropriation of funds and no achievement of project objectives.	Lack of proper M&E framework/plan to guide integrated monitoring and oversight activities	a) We developed M&E framework/plan to guide integrated monitoring and oversight activities. b) We monitor/track the implementation of activities using an electronic activity tracker.	Improved timeliness in implementation of activities



DR. ADEODATA R. KEKITIINWA
Executive Director

Dr. Addy as she is fondly called, is the Executive Director.

She is the accounting Officer for Baylor-Uganda. She was very instrumental in starting of Pediatric Oncology and Hematology program in Uganda under Makerere University. She is the team Leader for Clinical Trials currently being undertaken by Baylor-Uganda. She is also the Laboratory Manager for Baylor-Uganda CAP accredited Lab; a prestigious accreditation that the Organization has maintained for the last four years as CAP accredited).



MR. MICHAEL MIZWA
Board Chairman

Mr. Michael is the chair to the Board of Directors for Baylor

College of Medicine Children's Foundation-Uganda. He is also the Chief Operating Officer and Senior Vice President for the Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital, the parent organization that established and brings together the entire Children's Clinical Centers of Excellence (COE) globally. As Chief Operating Officer, Mr. Mizwa oversees the BIPAI Network operations, which has an aggregate annual budget of \$42 million.



MR. DAVID NUWAMANYA
Vice Chair

David is a seasoned Administrator. He is the current Hospital

Administrator with Mulago National Referral Hospital.

David is the Vice Chair of Baylor-Uganda Board of Directors.

He also sits on the Audit Committee of the Board.



MS. EDNA RUGUMAYO

Ms. Edna Isimbwa Rugumayo is a Certified Public Accountant. She is the chairperson of the Finance Committee to the Board, which assists the Board in fulfilling its oversight responsibilities on financial and accountability matters.

She also sits on Audit and POD committees of the Board.



PROF. RHODA WANYENZE

Professor Rhoda Wanyenze is the current Dean Makerere University School of Public Health.

She heads the Technical/ Programs Committee of the Board at Baylor-Uganda. The committee is charged to review the mission and overall strategy and direction of the care and treatment program of Baylor-Uganda and the district Local Governments in line the government of Uganda and BIPAI policies and strategies.



DR. PETER KIMBOWA (PK)

Dr. Peter Kimbowa (P.K.) is a qualified procurement expert and an internationally certified Trainer by WTO/UNCTAD/ITC.

He is the chairperson of the People & Organization Development Committee (POD) of the Board, which reviews and recommends to the Board HR policies as well as verifying and recommending funding strategies for Baylor-Uganda programs.

BOARD OF DIRECTORS 2020/2021 (Cont.)



MR. JOSEPH KIZZA

Joseph chairs the Audit Committee, whose purpose is to assist the Board of Directors in Governance, Internal control and Risk Management oversight.

He also sits on Finance Board Committee.



MR. THOMSON ODOKI

Thomson is a social worker with wealth of experience in project management and capacity building.

He is a member of the Technical/ Programs Committee of the Board which is charged to review the mission and overall strategy and direction of the care and treatment program of Baylor-Uganda.



DR. DIANE NGUYEN

Dr. Diane Nguyen holds a PhD in Pharmacy and she is the currently Assistant Professor of Pediatrics at Texas Children's Hospital.

She sits on the Technical/ Programs Board Committee.



DR. JOSHUA MUSINGUZI

Dr. Joshua is a Public Health Specialist and is the head of STD/AIDS Control Program at the Ministry of Health.

He sits on the Technical/ Programs Committee of the Board.



THE LATE AGGREY KANKUNDA

The late Mr. Aggrey Kankunda was a Certified Accountant/ Financial and Tax services consultant.

He joined the Board in August 2019 and he served on the Finance and Audit Committees until his death in June 2021.



MS. HARRIET OMODING

Ms. Harriet Omoding is a Human Resources expert with wide experience on issues of Human Rights and Child Protection.

She joined the Board in August 2019 and she sits on the People and Organization Development (POD) committee.



Partnership: The US ambassador in Uganda Natalie E. Brown (C) with CDC country Director Dr. Lisa Nelson 3rd right with Baylor-Uganda senior managers led by Dr. Addy Kekitiinwa during the field visit to Fort portal region

CORPORATE GOVERNANCE

The purpose of the Board, in line with the fundamental concerns of good corporate governance is to see that Baylor-Uganda fulfills its role within the target community and serves as a wise steward of its resources while preventing unacceptable actions and situations.

The Company has a Board Charter in place which guides the board in the execution of its duties with reference to legislative requirements and principles of good corporate governance, defines the governance parameters within which the Board exists and operates, sets out specific responsibilities to be discharged by the Board, its committees and Directors, as well as certain roles and responsibilities incumbent upon the directors as individuals. The Board Charter is complementary to the existing laws and regulations governing the Company

Board of Directors

The primary responsibility of the Board of Directors is to offer strategic oversight with a long term view while ensuring Baylor-Uganda serves the mandate for which it was created.

The directors particularly through the various Board sub-committees routinely engage and guide Management in the execution of its duties. The Board and Sub committees meet every quarter with the senior management team (SMT).

Board Committees

Board committees are established to enable the Board to operate effectively and give full consideration to key matters. The Committees meet independent of the Board and prior to the substantive Board Meeting.

Baylor-Uganda has four Board Committees namely;

- 1. People Organization and Development Committee;** It assists the Board in fulfilling its corporate governance development. It also monitors and reviews Board performance and human resource policies.
- 2. Programs Committee;** it advises the Board on strategic and policy issues with regard to health program development. It also oversees and evaluates the quality of health programs and their implementation by Baylor-Uganda.
- 3. Board Finance Committee;** It helps the Board in meeting its fiduciary responsibilities to all stakeholders and ensures that Baylor-Uganda complies with international accounting standards and best financial management practices.
- 4. Board Audit Committee;** It ensures compliance of Baylor-Uganda with all Board approved/endorsed corporate policies/agreements and procedures, as well as management of risks.

BUSINESS DEVELOPMENT AND SUSTAINABILITY

The Business Development Department in Baylor-Uganda came into existence in 2016. It was premised on the need to diversify funding sources to drive Baylor-Uganda's strategic plan.

Financial sustainability is a critical challenge in ensuring that Baylor-Uganda's programs run effectively with consistency in implementing and delivering results in all its core program areas.

Since late 2019, the COVID 19 pandemic has been spreading globally. The pandemic has affected all aspects of global society and has caused specific challenges, especially in the NGO world that largely depends on donor funds to implement its core programs.

Therefore, this has affected us, especially in our strategy for local partnerships with corporate organizations targeting their corporate social responsibility agenda.

Amidst all challenges this year, the business development team applied a well-thought-out approach to raising revenue essential to sustaining and scaling up Baylor-Uganda's programs and increasing their impact. We applied for several grants in different thematic areas. Some of the notable awarded grants include:

- Accelerating Epidemic Control in Fort Portal Region in the Republic of Uganda under PEPFAR (ACE–Fort project) Continuation of Application
- Accelerating Epidemic Control in Bunyoro Region in the Republic of Uganda under PEPFAR (ACE–Bunyoro project)
- Global Health Security project – improve Health Security and Building International Health Regulations core capacities in Uganda.
- NIH Research Grant to strengthen research administration capacity at Baylor- Uganda and other regional institutions for improved management of awards

- Baylor-Uganda is one of the Sub Recipients under TASO for the NFM3 subgrant funded by Global fund.
- UNICEF program cooperation agreement for Strengthening Technical and Management capacity for Reproductive, Maternal, Newborn, Child, Adolescent health, HIV/AIDS/TB, and Nutrition services in 13 districts in Eastern, Central, Midwestern, and Southwestern Uganda.
- WHO grant for Strengthening Reporting and Contact Tracing and Follow up in 80 districts in Uganda
- Cipher Research Grant – **"Differentiated delivery of tuberculosis preventive treatment (TPT) within existing health facility and community HIV care models to improve TPT uptake and completion among children and adolescents living with HIV in Uganda following the COVID 19 pandemic."**
- UNICEF Urban project implementing in Kampala, Mukono and Wakiso

Outstanding Partnerships

1. Baylor-Uganda has been awarded a special consultative status with the UN ECOSOC, and this will give us unlimited access to UN meetings, network, showcase our work, and present at UN general meetings.
2. A memorandum of understanding was signed with Makerere University in trust of the Mastercard Foundation Scholars Program with a view of training MasterCard Scholars through internship placements at Baylor-Uganda and/or its affiliated clinical sites.
3. We had several corporate responsibility partnerships with corporate organizations like Absa, NCBA, and Centenary Bank.

CURRENT GRANTS

Name/ Title of Grant	Donor	Thematic Area/program area	Grant period
Accelerating Epidemic Control in Fort Portal Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)- ACE FORT	Centers for Disease Control and Prevention (CDC)	HIV/TB program	01/10/2020 to 30/09/2021
Accelerating Epidemic Control in Fort Portal Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)- ACE FORT	Centers for Disease Control and Prevention (CDC)	HIV/TB program	01/10/2020 to 30/09/2022
COLLABORATIVE AFRICAN GENOMICS NETWORK (CAfGEN)	National Institute of Health(NIH) via Baylor Botswana	Clinical trial-Research	01/09/2020 to 31/08/2021
COLLABORATIVE AFRICAN GENOMICS NETWORK (CAfGEN)	National Institute of Health(NIH) via Baylor Botswana	Clinical trial-Research	01/09/2021 to 31/08/2022
International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) Bridge Funding	NIH via Johns Hopkins Univ	Clinical trial-Research	17/03/2020 to 15/09/2029
IMPAACT Salary PF	NIH via Johns Hopkins Univ	Clinical trial-Research	01/12/2020 to 01/11/2021
IMPAACT CRS CORE-20/21	NIH via Johns Hopkins Univ	Clinical trial-Research	01/12/2020 to 01/11/2021
HIV Preventions Trial Network (HPTN084)	FHI via JHU	Clinical trial-Research	01/12/2020 to 01/11/2021
ELMA Global Hope (PHO)	ELMA Philanthropies	Hematology- oncology research	01/07/2020 to 30/06/2021
ELMA Global Hope (PHO)	ELMA Philanthropies	Hematology- oncology research	01/07/2021 to 30/06/2022
ELMA Pediatric & Adolescent HIV	ELMA Philanthropies	Pediatric and adolescent HIV program	01/07/2020 to 30/06/2021
ELMA Pediatric & Adolescent HIV	ELMA Philanthropies	Pediatric and adolescent HIV program	01/07/2021 to 30/06/2022
Accelerating epidemic control in Kampala region of Uganda under the President's Emergency Plan for AIDS Relief through scale-up of evidence-based and high impact interventions towards the achievement of UNAIDS 90:90:90 targets (Kampala HIV)	CDC via Infectious Diseases Institute	HIV/TB program	01/10/2020 to 30/09/2021
Accelerating epidemic control in Kampala region of Uganda under the President's Emergency Plan for AIDS Relief through scale-up of evidence-based and high impact interventions towards the achievement of UNAIDS 90:90:90 targets (Kampala HIV)	CDC via Infectious Diseases Institute	HIV/TB program	01/10/2021 to 30/09/2022

Name/ Title of Grant	Donor	Thematic Area/program area	Grant period
ODYSSEY (PENTA 20): A randomized trial of dolutegravir (DTG)-based antiretroviral therapy vs. standard of care (SOC) in children with HIV infection starting first-line or switching to second-line ART (ODYSSEY-Longterm Follow up)	Fondazione PENTA	Hematology- oncology research	01/09/2020 to 30/08/2021
ODYSSEY (PENTA 20): A randomized trial of dolutegravir (DTG)-based antiretroviral therapy vs. standard of care (SOC) in children with HIV infection starting first-line or switching to second-line ART (ODYSSEY-Longterm Follow up)	Fondazione PENTA	Hematology- oncology research	01/09/2020 to 30/08/2022
Bristol Myers Squib Foundation (BMSF)-PHO	Texas Children's Hospital(TCH)	Hematology- oncology research	01/10/2020 to 30/09/2021
WWWW (QUAD W)	QuadW fund of communities Foundation in Texas Via TCH	Hematology- oncology research	01/10/2020 to 30/09/2021
Sky High PHO	Sky High via TCH	Hematology- oncology research	01/10/2020 to 30/09/2021
Celgene	Celgene via TCH	Hematology- oncology research	01/10/2020 to 30/09/2021
Russell Gordy	Russel Gordy via TCH	Hematology- oncology research	01/10/2020 to 30/09/2021
Hemant Goradia	Hemant Goradia foundation via TCH	Hematology- oncology research	01/10/2020 to 30/09/2021
Saint Baldwick Foundation-SBF Peter Wasswa	Saint Baldwick Foundation	Hematology- oncology research	01/10/2020 to 30/09/2021
Pediatric HIV/AIDS & Infection-Related Malignancies Research Consortium for sub-Saharan Africa (PARCA-U54)	Baylor College of Medicine	Clinical trials-Research	01/10/2020 to 30/09/2021
Dihydroartemisinin-Piperaquine in the context of Anti Retroviral Therapy (DPART)	Infectious Diseases Research Collaboration	Clinical trial-Research	10/07/2020 to 31/03/2021
Local Service Delivery Activity-LSDA	USAID via UPMB	Peard and adolescent HIV/ TB program	01/09/2020 to 30/08/2021
Local Service Delivery Activity-LSDA	USAID via UPMB	Peard and adolescent HIV/ TB program	01/10/2020 to 30/09/2022
Accelerating and Sustaining HIV Epidemic Control and Related Diseases in Western and West Nile Regions in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)-ACE Bunyoro	CDC	HIV/TB program	30/09/2020 to 29/09/2021

Name/ Title of Grant	Donor	Thematic Area/prog area	Grant period
Accelerating and Sustaining HIV Epidemic Control and Related Diseases in Western and West Nile Regions in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)-ACE Bunyoro	CDC	HIV/TB program	30/09/2020 to 29/09/2022
Improving Health Security and Building International Health Regulations core capacities in the Republic of Uganda (Global Health Security /GHS)	CDC	Public health emergency response	30/09/2020 to 29/09/2021
Improving Health Security and Building International Health Regulations core capacities in the Republic of Uganda (Global Health Security /GHS)	CDC	Public health emergency response	30/09/2020 to 29/09/2022
Breather Plus	European and Developing Countries Clinical Trials Partnership (EDCTP)	Clinical trial-Research	01/01/2021 to 31/12/2021
USAID/Regional Health Integration to Enhance Services (RHITES- E)	USAID via Intra-Health	HIV/TB program	27/01/2021 to 30/09/2021
TASO Global Fund (Oct-Dec2018)	Global Fund via TASO	HIV/TB Program	10/03/2021 to 31/12/2023
Strengthening technical and management capacity of District Local Governments for Reproductive, Maternal, New-born, Child, Adolescent Health (RMNCAH) services and Community-Led Total Sanitation (CLTS) services in 10 districts in Western and Central zones of Uganda (UNICEF REWASH)	UNICEF	Reproductive Maternal Adolescent Child Health, HIV, WASH & Education	01/04/2021 to 31/03/2022
Strengthening the Administration and Grants Management Capacity of Research directorate at Baylor-Uganda through training	National Institute of Allergy and Infectious Diseases (NIAID)	Research administration	03/31/2021 to 30/09/2022
Determining the Effectiveness of Dispensing Messages on Adherence and Viral Suppression among Children with an Unsuppressed Viral Load in Uganda (DEDIM Study)	International Association of Providers of AIDS Care (IAPAC)	Implementation science-Research	01/03/2021 to 30/06/2022
Strengthening Reporting and Contact Tracing and Follow up of COVID 19 in Uganda	World Health Organization (WHO)	Public health emergency response	May 17, 2021 - July 31, 2021
PREVALENCE AND RISKS ASSOCIATED WITH METABOLIC SYNDROME IN CHILDREN AND ADOLESCENTS LIVING WITH HIV IN UGANDA (MetS Study)	YALE UNIVERSITY	Clinical trial-Research	March 12, 2021 - December 31, 2021

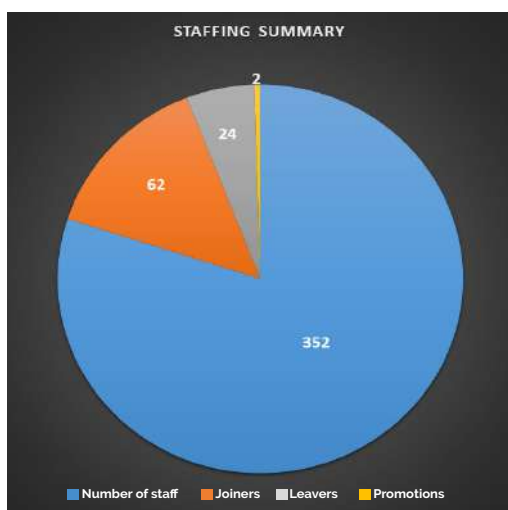
Name/ Title of Grant	Donor	Thematic Area/prog area	Grant period
Uganda Pediatric and Adolescent HIV Cohort on Antiretroviral Therapy (UP-ART)	UCL, WHO, CIPHER, & UNICEF	Implementation Science-Research	August 01, 2021 - Feb 28, 2022
Differentiated delivery of tuberculosis preventive treatment (TPT)	CIPHER	Implementation Science-Research	November 01, 2021 - October 31, 2023
Multi-Center, Randomized, Efficacy Study of COVID 19 mRNA Vaccine in Regions with SARS-CoV-2 Variants of Concern (CoV-19 3008)	NIH via FAMILY HEALTH INTERNATIONAL (FHI 360)	Clinical trials-Research	July 15, 2021–November 30, 2021
CoV-19 3005 VAT00008, "A parallel-group, Phase III, multi-stage, modified double-blind, multiarmed study to assess the efficacy, safety, and immunogenicity of two SARS-CoV-2 Adjuvanted Recombinant Protein Vaccines (monovalent and bivalent) for prevention against COVID 19 in adults 18 years of age and older" (CoV-19 3005)	NIH via FAMILY HEALTH INTERNATIONAL (FHI 360)	Clinical trials-Research	July 1, 2021–November 30, 2021
NOD study	NIH Via Makerere University College of Health sciences-Molecular & Microbiology lab	Clinical trials-Research	June 2021-May 2022
Local Partner Health Services- Eastern Activity(LPHS-E)	U.S. Agency for International Development Mission in Uganda (USAID/Uganda)		21/10/2021 to 30/09/2022



Baylor-Uganda Finance Team Display Financial Reporting Award for 2021

Under the HR directorate we have mainly focused on ensuring seamless change management procedures, and introducing innovations geared towards driving business efficiently in response to the dynamic work environment as a result of the COVID 19 pandemic.

Our staff complement of **352**, comprised 136 females and 216 males. During the year we had 62 new staff hires, 2 promotions and 24 staff exits.



HRH –Transition

The project continued to work with the districts (Principal Human Resource Officers) to support staff absorption into the mainstream government system in order to ensure sustainability of comprehensive HIV services in the Fort portal Region. With the exception of Kabarole and Kitagwenda where no staff were absorbed due to lack of a wage bill, the rest of the districts registered progress as follows: Bundibugyo (40%), Bunyangabu (11%), Regional Referral Hospital (11%), Kamwenge (46%), Kasese (23%), Kyegegwa (67%), Kyenjojo (8%), and Ntoroko (50%).

The summary of the staff absorbed during FY19/20 and those planned for absorption for the FY/20/21.

District	Current Staff	Absorbed FY19/20	%Absorbed FY19/20	Planned for absorption FY 20/21
Bundibugyo	5	2	40	3
Bunyangabu	9	1	11	5
FPRRH	19	2	11	5
Kabarole	15	0	0	5
Kitagwenda	4	0	0	4
Kamwenge	13	6	46	4
Kasese	6	4	67	4
Kyegegwa	12	1	8	4
Kyenjojo	30	7	23	8
Ntoroko	6	3	50	4
Total	119	26		46

NAPAC TOLL-FREE LINE (0800205555/0800305555)

The Baylor-Uganda call center, also known as the National Pediatric and Adolescent HIV/AIDS/TB Call Center (NAPAC), has been in existence for five years now and still growing strong.

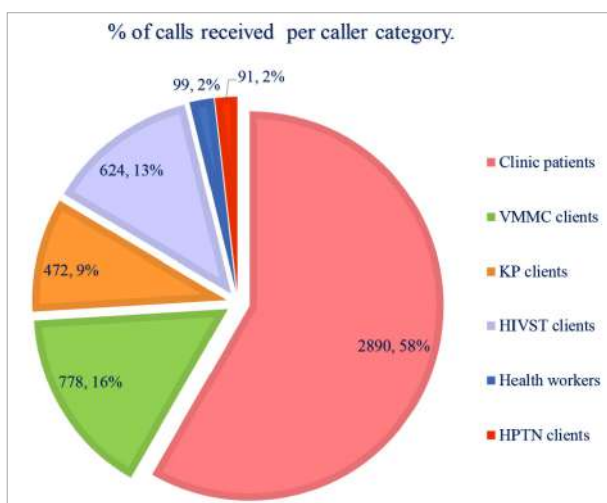
From July 2020 to June 2021, the call center received a total of **4,954** calls from clients and health workers.

Services being offered via the toll-free line:

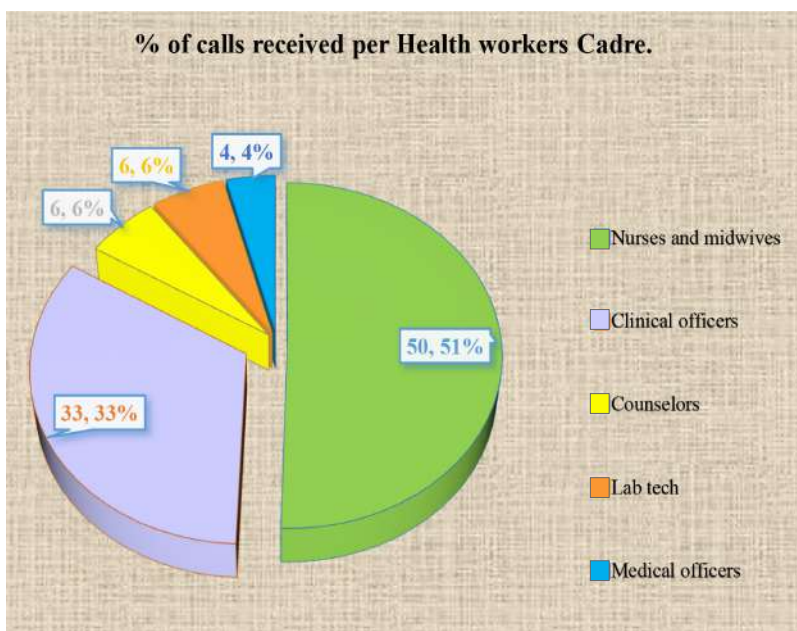
- Health worker consultations on issues regarding HIV/AIDS/TB (country-wide).
- ART clinic patients' inquiries from Baylor-Uganda COE clinic and Fort portal region.
- Voluntary Medical Male Circumcision inquiries and follow-ups (Fort portal and Bunyoro regions).
- HIV self-testing consultations (country-wide).
- HPTN research study participant inquiries.
- KPs consultations from the Fort portal region.



Majority of calls were received in September 2020, attributed to the increased marketing of the helpline to KPs in the Fort portal region. Most of the calls from the KPs were inquiries on how to access PrEP and family planning services.



NB: The majority of the callers (58%) were clinic clients, mainly from Baylor-Uganda COE, inquiring about drug delivery and clinic appointments, particularly during the COVID 19 lockdown period.



NB: 51% of the calls were from Nurses and Midwives, followed by Clinical Officers at 33%.

Challenges:

- The absence of a doctor specifically attached to the call center resulted in long waiting times in the queues.
- Due to meagre funding, we carried out few call center promotional campaigns for health workers causing a decline in consultations.
- Some key populations use phones which do not belong to them, causing a challenge for the client to follow up.

- Use the service to improve PrEP demand creation and knowledge among KPs in the regions.

Conclusion:

The helpline played an integral role in supporting HIV treatment continuity, especially during the COVID 19 lockdown period by linking clients without transport to the community health linkage officers who freely.

Recommendations:

- There is need for extensive marketing of the helpline to create awareness of the service among health workers.
- There is a need to continue the physical marketing of the KP Toll-free line in the region and continued sensitization of KP services.



*MoH Minister Dr. Jane Ruth Aceng with
ED Dr. Adeodata Kekitiinwa*



*Community Drug delivery by Baylor-Uganda staff during COVID
19 Lockdown*



*US ambassador Natalie E. Brown signs
Baylor-Uganda visitors book*



*Minister Joyce Moriku commissions incinerator refurbished by
Baylor-Uganda for Gulu Regional Referral Hospital funded by WHO*



*Stakeholder engagement in Kamuli under
UNICEF project*



*Stakeholder engagement in Hoima under
ACE-Bunyoro project*

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