

ANNUAL REPORT

JULY 2021-JUNE 2022



BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION-UGANDA

'SERVICE ABOVE AND BEYOND'



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ACRONYMS AND DEFINITIONS

BUDGET PERIOD	The intervals of time (usually 12months each) into which a
CBO	Community Based Organization
CME	Continuous Medical Education
COP	Country Operation Plan
CRAG	Cryptococcal Antigen
CQI	Continuous Quality Improvement
DHT	District Health Teams
DLFP	District Laboratory Focal Person
DLG	District Local Government
DLP	District Led Programming
DNCC	District Nutrition Coordination Committees
DTLS	District TB and Leprosy Supervisor
DTWGS	District technical working groups
EID	Exposed Infant Diagnosis
EQA	External Quality Assurance
GCLPS	Good Clinical Laboratory Practices
HIV-PT	HIV- Proficiency Testing
IAC	Intensive Adherence Counselling
IBC	Inter-Bureau Coalition
IYCF	Infant and Young Child Feeding
LIMS	Laboratory Information management system
MAUL	Medical access Uganda Limited
MUAC	Mid Upper Arm Circumference
NACS	Nutritional Assessment and Counselling Services
NMS	National Medical Stores
NSRTN	National Sample and Results Transport Network
NTRL	National TB reference Laboratory
OTC	Outpatient Therapeutic Centre
PLHIV	People living with HIV
RUTF	Ready to Use Therapeutic Feeds
TAT	Turn-around time
TATS	District Technical assistance teams
TB-LAM	Tuberculosis Lipoarabinomannan
UHSC	Uganda Health Supply Chain
UNHLS	Uganda National Health Laboratory Services
UVRI	Uganda Virus Research Institute

ABOUT BAYLOR - UGANDA

WHO WE ARE:



Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) is a leading provider of Integrated, High-Quality, High Impact comprehensive HIV, Tuberculosis (TB), Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH), and global health security (GHS) services in Uganda. An indigenous, not-for-profit organization established in 2006, Baylor-Uganda has a long track record delivering strong returns on investments with -USD 40 million donor funds annually efficiently managed. We are affiliated with the Baylor International Paediatric AIDS Initiative (BIPAI), a network of Paediatric HIV care and treatment at Children's Clinical Centers of Excellence (COE).

WHAT WE DO:



We provide high-quality family-centered healthcare, capacity building for healthcare professionals, and clinical research. We run the largest single HIV paediatric, adolescent and youth clinic in Uganda serving ~8500 young people from our Baylor Children's Clinical Centre of Excellence based within Mulago National Referral Hospital. We provide technical assistance to district local governments, health facilities, and community based organisations in: Comprehensive HIV prevention, care and treatment; prevention, detection and response to public health threats and emergencies; and Reproductive Maternal Child and Adolescent Health. We also build technical and managerial Capacity for healthcare professionals to deliver the Ministry of Health (MoH) care packages. We do Research to generate evidence-based interventions and inform policy development. Other services include infrastructure improvement, equipment and supply chain management, and services for Orphans and Vulnerable Children (OVC) such as economic empowerment, education, food and nutrition.

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 community and 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.

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

MISSION; To provide high-quality family-centered health care, education and research worldwide.

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

TAGLINE;
Service above and beyond

OUR CORE VALUES (CLIENT)

In the process of delivering on its mandate, Baylor-Uganda shall observe the following;



Care: We treat each person we serve in the same way we would want to be treated; being courteous, friendly, and respectful. We aim to be kind and patient at all times, with all the clients we serve and with one another. We shall be true to our calling of upholding the and human rights of all our clients.



Loyalty: We bear true faith and allegiance to Baylor-Uganda's vision and mission, management, and fellow workers. We support the leadership and stand up fo fellow staff and programs.



Integrity: We are fair and honest in all interactions, trustworthy and truthful. We seek to adhere to the highest ethical standards and conduct. We aim for transparency, impartiality, and equity in all our dealings and are open and honest in our communication. We accept our responsibilities and strive to achieve those things for which we are accountable.



Excellence: We strive for excellence in all we do as we deliver high-quality, high-impact, and highly ethical health care, education, and research. We constantly work to enhance ability and competence and to achieve continuous quality improvement. We aim for efficiency in our application of resources to derive the best possible value.



Innovation: We are creative in applying methods and technologies in problem-solving, constantly looking for ways to improve. We recognize the opportunity in every challenge; we focus on solutions rather than problems. We are committed to generating new knowledge and practices and showcasing them.



Teamwork: We support each other to reinforce our competencies towards achieving Baylor-Uganda's vision, mission, and strategic objectives.

OUR STRATEGIC OBJECTIVES

Baylor-Uganda is committed to delivering on the following Strategic Objectives (SO)

SO 1: Increase access to and utilization of quality health care services

SO 2: Strengthen prevention, detection, and response to public health threats and emergencies

SO 3: Enhance the competencies of health workers to provide affordable, quality, and specialized healthcare services

SO 4: Strengthen health research to inform policy and programming

SO 5: Revitalize community systems and structures to address the Health, economic and social needs of children and their families

SO 6: Strengthen organizational development systems that focus on accountability, best management practices, and good governance

SO 7: Set up and maintain agile and sustainable systems for Baylor-Uganda institutional and program development

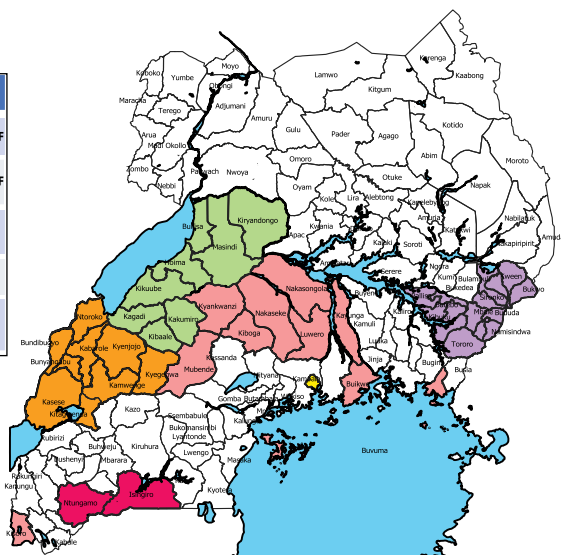
2021/2022 PERFORMANCE AT GLANCE



Baylor-Uganda supports a population of over 10,000,000 people in all Baylor-Uganda supported regions. We continue to provide a service with a mission to create a world where children and their families live a healthy and fulfilled life. Baylor-Uganda total HIV Clientele amounts to 217,000 Clients.

BAYLOR-UGANDA - OUR FOOT PRINT

Region	Programs	Funders
Bunyoro	HIV, AGYW, GHS, MNCH	CDC, UNICEF, TASO-GF
Rwenzori	HIV, AGYW, GHS, MNCH	CDC, UNICEF, TASO-GF
Central & South Western	AGYW, TB, MNCH	UNICEF, TASO-GF
Eastern	HIV, TB	USAID
Kampala	Pediatric Hematology Oncology program, HIV Program, Research	PBIPAI, CDC/IDI, NIH, DAIDS



- Kampala:** Baylor-Uganda Headquarter, Research, and Paediatric and adolescent HIV Clinical Centre of Excellence and Paediatric Cancer, serving Kampala, Mukono and Wakiso districts, and Global Health Security in Kampala.
- Central Uganda:** TB and HIV Prevention Programs focusing on Adolescents and Young Women (AGYW) in 10 districts -Kyankwanzi, Nakasongola, Nakaseke, Luwero, Kayunga, Kiboga, Mubende, Mityana, Namayingo, Buikwe
- Rwenzori:** Comprehensive HIV and TB services, RMNCAH, and Global health security services in 9 districts – Bundibugyo, Ntoroko, Kabarole, Bunyangabo, Kasese, Kyenjojo, Kyegegwa, Kamwenge and Kitagwenda
- Bunyoro:** Comprehensive HIV and TB services, RMNCAH, and Global health security services in 8 districts – Buliisa, Masindi, Kiryandongo, Hoima, Kikuube, Kagadi, Kibaale and Kakumiro
- Western and Eastern:** RMNCAH, Water, Sanitation and Hygiene (WASH) and Education programs in 10 districts – Tororo, Kamuli, Namayingo, Mubende, Kasese, Kikuube, Isingiro, Ntungamo, Kamwenge and Kyegegwa
- Bugisu, Bukedi and Sebei:** Comprehensive HIV services provision in 15 districts – Mbale, Manafwa, Namisindwa, Bududa, Sironko, Bulambuli, Kapchorwa, Kween, Bukwo, Tororo, Butaleja, Pallisa, Budaka, Kibuuku, and Butebo

BAYLOR - UGANDA SENIOR MANAGEMENT TEAM



MS. MARIE SOLOME NASSIWA
Director - Finance



DR. DITHAN KIRAGGA
Executive Director



DR. DENISE JOSEPHINE BIRUNGI
Director - Programs



DR. PETER ELYANU
Director - Global Health Security



MR. ALBERT MAGANDA KOMA
Director - Strategic
Development, M&E



DR. LETICIA NAMALE
Director - Health Systems
Strengthening



MR. LINO NYINGALING
Head - Internal Audit



DR. PATRICIA NAHIRYA
Ag. Director Research



MR. PETER MUGAGGA
Head - Operations



MR. JAMES OWONA
Head - Human Resources

MESSAGE FROM THE BOARD CHAIRPERSON



I give gratitude to God for all of you who serve our clientele and humanity in your various capacities and spaces.

Baylor Uganda made 18 years and we are greatly thankful for the service and the relentlessly foresighted leadership of Dr Adeodata Kekitiinwa who served meritoriously during this time. As we wish her a fruitful retirement, we welcome the passion and energy of Dr Dithan Kiragga who takes over as the New Executive Director for Baylor Uganda.

I also appreciate my predecessor, the very able and amiable Board Chair Emeritus Dr Michael Mizwa for his long unparalleled service to Baylor Uganda, and above all, for steering the Board that has seen Baylor Uganda grow to become a global brand. I unreservedly applaud you Dr Mizwa on this achievement and look forward to even greater contribution and guidance from you as you serve on our Advisory Board. I thank the Board members who retired, Dr Peter Kimbowa and Dr Diane Nguyen. Thank you for your dedication and service to Baylor Uganda. I welcome the new members Mr Patrick Ngolobe, Mr Albert

Beine, Dr Adam Gibson and of course Dr Dithan Kiragga. Thank you for offering to serve Baylor Uganda!

We started this reporting year 2022, with a lot of uncertainties from the effects of Covid-19. As a frontline organisation in disease outbreak preparedness and response, we have diligently served and played our part in controlling Covid-19 and other disease outbreaks. Under our Global Health Security Programme, we marshalled resources and support emergency operations centres to provide and coordinate information on disease outbreaks, among other activities.

During this reporting period, we also continued to provide our core services in HIV/AIDS and TB sector, in the 3 regions of Rwenzori, Bunyoro and Elgon as well other areas like the Midwestern Uganda where we implement our RMNCAH Programme, and in other areas under our NFM3 Global Fund/TASO Programme and the UNICEF programme. Through recent funding from CDC, USAID and other partners, we have joined the MOH to support the national Pandemic response efforts against the Ebola outbreak.

I want to wholeheartedly thank the management and staff of Baylor-Uganda for maintaining excellent service amidst many challenges.

This Annual report is a document for all stakeholders and the entire public to take stock of the milestones we have achieved together and provide feedback to Baylor Uganda on where and how we can improve. Finally, we commit to selflessly continue serving you and urge you to play your part as we pursue our Goal to create a world where children and their families live a healthy and fulfilled life.

At your service, For God and my country

Professor Rhoda Wanyenze
Board Chairperson

MESSAGE FROM THE EXECUTIVE DIRECTOR BAYLOR-UGANDA



Our valued partners and stakeholders, it is an exciting opportunity to be able to share with you our annual report for the period July 2021-June 2022.

As I take on the mantle and step into a space where the outgoing Executive Director Dr Adeodata Kekitiinwa has operated for 18 years, we are reminded of the unequivocal fact that she has worked hard to build this brand to where it is, and it is our responsibility to maintain and grow it even better. As the Executive Director at Baylor Uganda, I have inherited an agile and optimistically vibrant professional team and we pledge to our clientele and stakeholders, that we will continue to serve to create “an even better world where children and their families live a healthy and fulfilled life.”

As an addition to our growing portfolio, we have signed a new ELMA Program and the extended Paediatric Haematology and Oncology services project for another 3-year period. We are also in final discussions with UNICEF on the award of the new program under the Reproductive Maternal Neonatal and Adolescent Child Health Programme. We attracted new business in

HIV self-testing using our National 24-hour operating call centre. I unreservedly applaud the team for taking on this trend, which will sustainably grow our Portfolio and Business.

During this reporting period, we bring you snapshots and summarised information on our progress in line with our 7 strategic areas of operation.

We continued to expand our operations under the Global health security component. We grew our portfolio in this sector from just supporting Covid-19 and border security interventions to coordinating the setup of Regional Emergency Operation centers to be able to continue Preventing Detecting and Responding to emergencies and outbreaks. Our Workforce has grown in leaps and bounds from about 381 in the last financial year, to now 502 in this reporting period. This shows that our portfolio has also grown as we continue to serve Ugandans in this space.

We will continue to benchmark best practices and innovate to provide more diverse Baylor-Uganda services, as a way of creating sustainability. We are deliberately working to become more resilient and more risk-averse to the changing dynamics and sources of funding for our programs.

I want to thank my management and staff for working hard to deliver a service that is “Above and beyond” to all our 217,000 Active Clients of which 5,600 are children 0-9 years; 12,600 are adolescents 10-19 years and 198,800 adults of 20+ years, all located in, in the 47 District/city locations and served by 420 Health facilities in Uganda.

I pay special gratitude to the Baylor Board, all our donors, partners, and the Government of Uganda especially the Ministry of Health. You make this Possible!

Dithan Kiragga
Executive Director

Pictorial: Major event of the year

Baylor-Uganda received a New Executive Director Dithan Kiragga, and bid farewell to Associate Professor Dr. Adeodata Kekitiinwa, who had served the organisation for 18 years.



Outgoing ED Dr Adeodata R. Kekitiinwa and incoming ED Dr Dithan Kiragga.



Baylor-Uganda Board led by the Board Chair Prof Rhoda Wanyenze (second left) hands over a gift to outgoing ED

CORPORATE GOVERNANCE



The purpose of the Board, in line with the fundamental concerns of good corporate Governance is to see that Baylor-Uganda fulfils its role within the target community and serves as a wise steward of its resources while preventing unacceptable actions and situations. The mandate of the Board is therefore to represent the moral ownership in determining and demanding appropriate organizational performance.

Accordingly: The Board is responsible for maintaining the connection between Baylor-Uganda and its clients. The Board also approves written governing policies/documents in specific areas including:

- a. Mission-based outcomes;** in the form of a strategic plan which describes expected results, for whom (recipients) and at what cost Baylor-Uganda will fulfil its mission.
- b. Organisational health barometer:** in the form of Monitoring and Evaluation framework/ Balance Score Card (BSC), which defines expectations of, and limits the framework for, executive actions and decision-making.

Board Terms of Reference

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 organization. The Board has access to the services and advice of legal counsel who advises directors on their obligations in respect of corporate governance practices and effective board processes and any matters that require legal opinion.

The Board is tasked with amongst others; ensuring donor and regulatory compliance; ensuring adequate risk management and internal control systems and processes exist and are complied with; approval of key policies including investment and strategy as well as risk management and reviewing internal and external audit reports and ensuring that management implement the audit recommendations. The Chairman is responsible for the leadership of the Board

and ensuring its effective functioning without limiting its collective responsibility for Board decisions.

The directors continue to be mindful and appreciate their fiduciary duty to act in the best interest of the organization and accordingly discharge their duties independently. The directors particularly through the various Board sub-committees routinely engage and guide Management in the execution of its duties.

Board and Management Interaction:

The Executive Director and the Senior Management Team report to the Board on a quarterly basis and more frequently where necessary depending on the urgency of the matter. Members of SMT attend and actively participate in Board committee meetings where they present reports and proposals for constructive discussion at board level. Board receives information and reports from Management and additional information and or clarifications are sought as and when needed.

Board Induction and Training:

Members of the Board once appointed undergo a comprehensive induction process which involves orientating the new Directors with the sector, organizational culture, governance and strategy. This includes but is not limited to site visits and meetings with senior management to enable the Directors to build up a detailed understanding of the organization and the key risks and challenges it faces. They are also provided with an induction pack that includes copies of the Terms of Reference for the Board Sub Committees and a copy of the Board Charter. The Directors are regularly kept abreast of all applicable legislation, regulations, changes to rules, standards and codes, as well as relevant health sector and donor developments, which could potentially impact the organization and its present and future operations.

Board Composition:

The Board currently comprises of ten non- executive and independent directors and one executive director with one of the non-executive directors being a foreign national.

The current composition represents an enviable mix of skill, knowledge and experience which are integral to the operation of a successful organization.

Board Committees:

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

Currently, there are four committees namely:

- 1. 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.
- 2. 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.
- 3. Programs Committee;** it advises the Board on strategic and policy issues regarding health program development. It also oversees and evaluates the quality of health programs and their implementation by Baylor-Uganda.
- 4. People Organization and Development Committee (POD);** It assists the Board in fulfilling its corporate governance development and performance. And supports management to ensure an optimal organizational structure and best practice human resource policies are in place.

Board Evaluation:

The Board acknowledges the need to continually assess and improve its effectiveness and process. In accordance with its Board Charter the Board reviewed its last evaluation and is continuously working to implement the proposals arising from the evaluation. The Board will be conducting another Board evaluation in 2023 with a view of improving its effectiveness.

The performance of the Executive Director is evaluated annually against targets set by the Board at the beginning of each year. The Board Chairman, supported by feedback from Directors conducts this evaluation.

Board Remuneration:

Apart from the Executive Director who is a member of management and gets full staff remuneration, the rest of the non-executive directors operate on a pro bono basis and only get transport allowance and disbursements for any meetings attended.

BOARD OF DIRECTORS 2021/2022



PROF. RHODA WANYENZE
CHAIRMAN OF THE BOARD

Dr. Rhoda Wanyenze, MBChB, MPH, PhD, is Dean of the School of Public Health and a Professor in the Department of Disease Control and Environmental Health at Makerere University. Dr. Wanyenze has vast experience in public health research, capacity building, and program management, especially in infectious diseases, sexual and reproductive health, and health systems. Dr. Wanyenze has led a wide network of research partnerships with academic institutions and ministries of health in Africa. She has served on Boards of several organizations in Uganda and globally. She is a Fellow of the Uganda National Academy of Sciences.



DR. DITHAN KIRAGGA
EXECUTIVE DIRECTOR

Dr. Kiragga is a public health physician who brings to Baylor Foundation-Uganda 20+ years of experience in technical leadership and management of complex health programs in Africa and Asia. Most recently, as Chief of Party (COP) for the USAID Regional Health Integration to Enhance Services in the North, Acholi (RHITES-N, Acholi), Dr. Kiragga provided technical and managerial oversight for USAID/ Uganda's Health and HIV/AIDS project implementation across eight districts in Acholi, as well as leadership for the rollout of USAID's Quality Improvement Collaborative across all regions of Uganda.

Prior to his work on RHITES-N, Acholi, Dr. Kiragga was a

COP of the USAID/Uganda Private Health Support Program (PHSP) and the Health Initiatives for the Private Sector (HIPS) Project, where he spearheaded service delivery, public-private partnerships (PPPs) and OVC programs across the country. Under the HIPS project and together with key professionals, established the Uganda Healthcare Federation (UHF), an umbrella group for the private sector in Uganda. Early in his career, Dr. Kiragga managed critical health service infrastructure rehabilitation and the establishment of functional health systems on World Bank post-conflict projects in East Timor and Rwanda, grounding his understanding of programmatic

implementation in fragile settings.

From District Director of Health Services to senior-level technical advisory and management positions on four US government projects, Plan Uganda and World Bank projects, Dr. Kiragga has fostered and maintained collaborative working relationships with USAID, CDC, GOU, MOH, and its related agencies, international and local implementing partners, and other key stakeholders and has successfully built coalitions to deliver results. A native of Uganda, Dr. Kiragga has a MBCHB (MUK), MPH (Liverpool), MSC (London), and is currently pursuing a PhD in Public Health at Walden University, USA.



MR. DAVID NUWAMANYA
VICE CHAIRMAN AND MEMBER BOARD AUDIT COMMITTEE

Mr David Nuwamanya is a seasoned administrator and mentor in health systems Leadership, Management and Governance under World Health Organization (WHO)/ African Medical and Research Foundation (AMREF). He has over 24 years' experience in the Public-Sector Management and he is currently the Principal Administrator Mulago National Referral Hospital.



MR. KIZZA JOSEPH
CHAIR BOARD AUDIT COMMITTEE

Before diversifying into accounting, Joseph practiced as an educationist for 8 years. Joseph is now a Chartered Accountant with over 20 years of experience. He has worked as an Auditor, Financial management consultant and in-house trainer for many organisations in the public, private and NGO sectors. Joseph is the managing partner of KIZZA & CO. a public accountancy practice in Uganda.

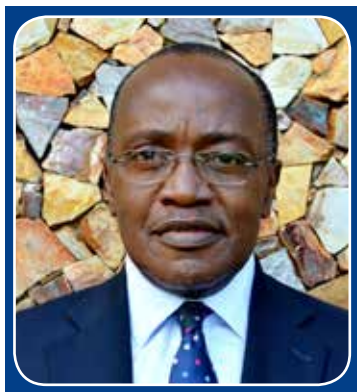
In terms of discharging oversight responsibilities, Joseph is a member of the sector audit committee of the Justice, Law and Order Sector of the Government of Uganda (JLOS). Under JLOS, oversight is discharged to all Ministries and Government agencies in the docket of Justice, Law and Order including: Ministry of Justice and Constitutional Affairs, Ministry

of Internal Affairs, Ministry of Defense, Uganda Police Force, Uganda Peoples Defense Forces, Uganda Prisons, Uganda Law Reform Commission, Judicial Service Commission, Judiciary, Uganda Human Rights Commission, Uganda Registration Services Bureau, Directorate of Immigration, Law Development Center, among others.



MS. EDNA ISIMBWA RUGUMAYO
CHAIR BOARD FINANCE COMMITTEE AND MEMBER BOARD
PEOPLE AND ORGANISATION DEVELOPMENT (POD) COMMITTEE

Edna is a Certified Public Accountant with over 30 years' experience and is currently the Director Corporate Services, Uganda National Roads Authority. She has broad finance management experience in private, public and not-for-profit organisations. She holds a Bachelors of Statistics Degree and a Masters of Science in Accounting and Finance from Makerere University.



DR. JOSHUA MUSINGUZI
CHAIR BOARD PROGRAMS COMMITTEE

Dr Joshua Musinguzi is a seasoned Public Health Specialist and he is currently the Assistant Commissioner AIDS Control Division at the Ministry of Health.



MS. HARRIET OMODING
CHAIR BOARD PEOPLE AND ORGANIZATION DEVELOPMENT
COMMITTEE (POD)

Harriet Omoding has over 25 years of practical experience in Human Resource Management, Human Resource development, HR analytics, corporate governance, diversity and inclusion promotion, employee voice, employment law, learning development, performance management, organization design and development, job quality, reward strategy, skills development, technology, wellbeing, workforce trends to mention but a few.

She has broad experience in coordination and management of client, government and donor relations at administrative, operational, managerial, strategic, and political levels.

Harriet is the founder of Hom Consulting Limited, an organization that helps to address the management challenges in the business environments with regards to talent capacity building. As results-driven HR professional, Harriet is motivated to perform tasks with excellence and attention to detail.



MR. THOMSON ODOKI
MEMBER BOARD PROGRAMS AND BOARD AUDIT COMMITTEES

Thomson is a Board Member with versatile professional Project Planning and Management Specialist, Social worker, Researcher and Capacity Building practitioner with extensive training and experience in advocacy and lobbying. He has over 32 years' practical experience working with advocacy and capacity building programs for improving welfare of Children and Youth with government, International and National civil society organizations in Africa. Thomson is currently the Board Chairman and Executive Director of Promise Consult International, a leading consultancy firm in health, education, children, youth and socio-economic development and research work in Uganda for over 10 years.

Thomson holds a Master's degree in Management Studies and a Post-Graduate Diploma in Project Planning and Management from Uganda Management Institute in Kampala. He holds a Bachelor of Arts in Social Work and Social Administration from Makerere University, Kampala. In addition, Thomson received a Diploma in accounting for Business and Management from Cambridge International College, England and a Certificate in Advocacy from Centre for Family Studies, Nairobi, Kenya.



MR. ALBERT BEINE
MEMBER BOARD FINANCE COMMITTEE AND BOARD AUDIT COMMITTEE

Albert is a seasoned taxation expert and tax auditor with over 20 years' experience in the taxation industry. Albert holds a degree in Economics from Makerere University, Kampala and a post graduate Diploma in Taxation and Revenue Administration (PODTRA).

Albert has a depth of experience across various aspects of Taxation from compliance, tax advisory and international/ cross-border taxation. His earlier career experience in taxation was as a tax auditor in Uganda Revenue Authority and later as a Tax Manager and Tax Director for a span of 14 years at two of the Big 4 audit firms.

He is a member of Rotary Club and is a Paul Harris Fellow (PHF).



MR. PATRICK NGOLOBE
MEMBER BOARD PEOPLE AND ORGANIZATION DEVELOPMENT
COMMITTEE (POD)

Patrick NgoLOBE joins the Board of Baylor, with 20 years executive leadership experience a career that has seen him work for top tier companies in the market. Patrick is a Managing Partner at Africa Executive Leadership Solutions, a consulting firm in human resources, organizational development, and business advisory services. Previously Patrick worked with Umeme Uganda Limited as the Head of Human Resources where he championed several business transformations that improved the company performance, employee productivity & welfare, and customer services. Prior to Umeme Limited, he worked with Uganda Breweries Limited (as subsidiary of East Africa Breweries and Diageo

PLC) as the Human Resources Director where he led the people agenda that enabled business turnaround and positioned Uganda Breweries as a net exporter of talent within the Diageo operations. Patrick has also worked with MTN Uganda as Human Resources Manager having started off his career at Uganda Revenue Authority.

He is President Emeritus of the Human Resources Managers' Association of Uganda and currently serves on the Human Resources Committee of the Board for FOWODE, and Smart Girls Foundation among others.

Patrick is passionate about building and enabling leadership in order to transform organizations and businesses and he brings this conviction to the Board and the Team at Baylor.



DR. ADAM GIBSON
MEMBER BOARD FINANCE COMMITTEE

Adam Gibson is Manager for Texas Children's Global Health. He earned a Doctor of Jurisprudence from South Texas College of Law and Bachelor of Arts in International Studies from University of St. Thomas. He previously held positions as Vice President & COO at Salvex, Director of Business Development at Rottet Studio, Vice President of International Business at Greater Houston Partnership and Deputy Director at Bilateral Chamber of Commerce.

Adam has also served as Executive Director of the Houston World Trade Center and World Energy Cities Partnership. Adam currently serves on the President's Advisory Board at University of St. Thomas and Board of Directors of

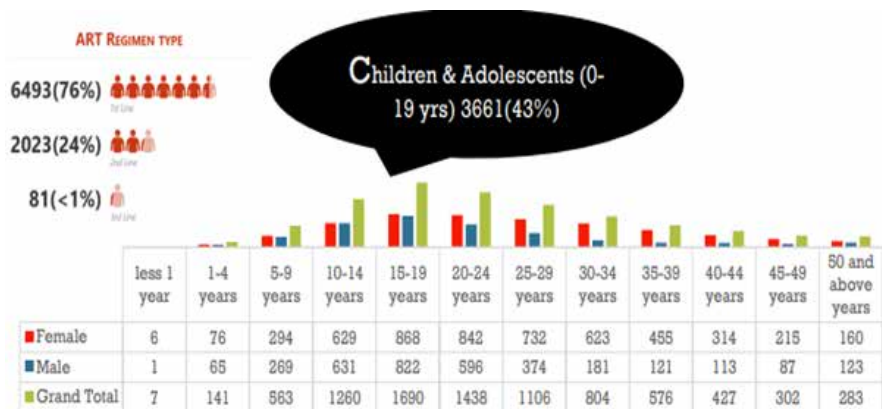
Baylor Foundation Uganda. He has held numerous board of directors positions for community, education and arts organizations, including Houston Export Academy at Houston Community College, Lawndale Art Center and Museum of Fine Arts Houston, Design Council. He is also a graduate of the Center for Houston's Future.

Baylor-Uganda Centre of Excellence - Mulago



Increasing access to and utilization of quality Paediatric and Adolescent HIV/TB Services within Kampala and surrounding areas

Baylor-Uganda continued to offer comprehensive HIV support, care and treatment services to a total of 8,571 clients at the Paediatric Infectious Disease Clinic (PIDC) within its Centre of Excellence (COE), Mulago National Referral Hospital. Services at this clinic are supported by funding from PEPFAR/CDC through Kampala regional mechanism Implementing partner, the Infectious Disease Institute (IDI).



The Baylor COE clinic continued to provide quality services to its clients in most cases surpassing its target

HIV testing services (HTS) - a total of 3483 clients received HTS, from who 333 (9.6%) were identified HIV positive. This is due to intensified scale up of Assisted Partner Notification (APN) testing strategy which gave a yield of 31.8%. Also, this year, the COE began to offer HIV recency testing to 164 individuals reaching 92% of the target.

Prevention of Mother to Child HIV Transmission - Baylor-COE continued to have no child getting HIV from the cohort of HIV mothers enrolled on its program. However about 1.8% of the HIV exposed infants died before a final outcome of their HIV status could be confirmed.

HIV care and treatment - a total of 8,571 client received HIV care from the COE, with about 3,661 (43%) being children 0-19 years and 1,438 (16.8%) young people aged 20-24 years. 93% (8,002) of the 8,571 clients were stable on ART and assigned to appropriate differentiated Service Delivery models (DSDM). Fast tracked visits were the most popular DSDM at 89%, followed by the boda-boda self- initiative model (using motorbikes to deliver service) at 9.4 %. ART from the Drug delivery distribution points (ADDP) has not attracted clients with less than 30 clients. The 12-months retention on treatment improved through the year from 86% to 89% but its still suboptimal. This is due to fact that the population served is mostly urban and mobile, with changing contact information including phone numbers. Viral load access was over 93% across all DSDM models and suppression was at 100% for stable clients. Similar to the last quarter, 6% of the unstable clients were suppressed owing to poor time management, lack of adult supervision and treatment supporters.

TB services - A total of 396 (32%) clients received TB preventive treatment of the targeted 1,249 because we are saturated for eligible clients (98%). TB Preventive treatment completion is at 93%. The COE identified and treated 204 new TB clients with a TB success treatment rate of 94%.

Laboratory services - The Baylor COE laboratory is accredited by the College of American Pathologists (CAP). The lab passed all External Quality Assurance (EQA) assessments for HV, CD4, and Early Infant Diagnosis (EID) at 100%.

Toll-free consultation services to Health Workers and clients by National Paediatric and Adolescent Call (NAPAC) centre (0800205555/ 0800305555)

Baylor-Uganda hosts the NAPAC centre, a toll-free consultation service for health workers and clients launched on 1st December 2015 on International world AIDS day. In total, the call center received 6066 consultations within the year as categorized below. Population Services International (PSI) is one of the organisations leveraging on our call center capacity to promote HIV self-testing in the private sector contributing to 22% of the calls received.



Health worker consultations

- ART dosage for children
- ART drug resistance and switching

Client's Consultation

- PrEP and PEP
- STI management
- ART home delivery
- SMC bandage removal
- Sepsis or bleeding from SMC
- GBV/IPV
- Access to condoms and lubricants
- Availability of VMMC services

Strategic Partners Visit to Baylor-Uganda Centre of Excellence(COE)

The Baylor-Uganda COE continued to receive strategic partners, funders and researchers from CDC, Global Hope, Medical Research Council (MRC), and the Global Fund Country Coordinating Mechanism Team.



Professor Jay Books Jackson, Vice President for Medical Affairs, Dean of the Carver School of Medicine at the University of Iowa, USA with the Baylor Team. Prof JB Jackson discovered the use of Nevirapine for PMTCT at onset of labour



Dr Amy Boore - CDC Program Director, Division of Global health protection, admires a craft ball displayed at Baylor COE Craft stall during her visit to Baylor-Uganda



Ms Emily Bass a Senior Policy Advisor, Writer, Author, Journalist and a Global Health Expert (centre) presents her book "To End A Plague" to Dr. Adeodata R. Kekitiinwa Clinical Research Site Leader, Dr Dithan Kiragga, Executive Director



Professor Mags Thomason, the clinical project manager at Medical Research Council, hugs Dr. Jacqueline Kanywa Balungi, PIDC_COE Clinic Manager, in the background Clinical Trials Manager-BREATHER plus/LATA trials Ms Babirye Okello



Prof. Sinead Delany-Moretlwe, protocol chair for the HPTN084 study), Dr Adeodata R. Kekitiinwa Clinical Research Site Leader, Dr Violet Korutaro, CRS Coordinator, Community Educator Baylor-Uganda Protocol Representative and PI, Ms Cissy Suuna, Community Educator Baylor-Uganda CRS and CWG Protocol Representative; Dr. Patricia Nahirya Ntege Research Manager

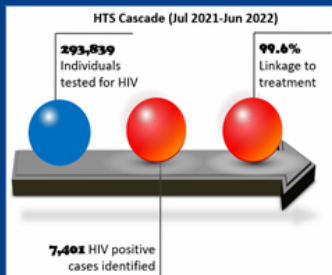
Rwenzori Region - HIV and TB Prevention, Care, and Treatment



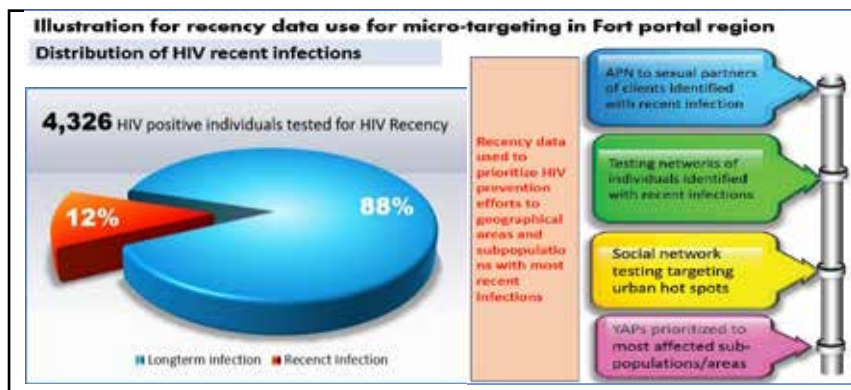
Baylor-Uganda, in consortium with the Inter-Bureau Coalition (IBC) and Women's Organization Network for Human Rights Advocacy (WONETHA), continued to offer comprehensive HIV prevention, care and treatment services in the nine districts (Bundibugyo, Kabarole, Bunyangabu, Kamwenge, Kitagwenda, Kasese, Kyegegwa, Kyenjojo and Ntoroko) of the Rwenzori region and Fort portal city. The services are funded through a **PEPFAR/CDC project named "Accelerating Epidemic Control in Fort Portal Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)."** Additional catalytic funding was provided by ELMA Philanthropies to support reduce the paediatric and adolescent HIV care and treatment gap, through the "Unfinished Business" project. Using the Health Systems Strengthening (HSS) approach, we supported respective district local governments (DLGs) and communities to plan, implement, and monitor a comprehensive HIV response. Technical assistance is geared towards increasing utilization, ownership, and sustainability of HIV and TB services.

HIV TESTING SERVICES (HTS)

Baylor-Uganda supported 151 Health facilities to provide highly targeted quality HTS with rapid or same-day linkage to ART. We redistributed testing commodities (Rapid testing kits (RTKs), HIV-Syphilis duo, self-testing kits (STKs), and recency tests) for service continuity. We implemented several interventions, including targeted mentorships on risk-based HTS to improve testing yield and reduce testing volume; implemented the MenStar strategy to identify high risk and HIV+ men; and optimized index testing and Social Network Strategies (SNS) for HIV+ children and adolescents' case-finding. A total of 293,839 individuals were tested and received HIV results, of these, 7,401 (2.5%) tested positive and 99.6% linked to treatment.

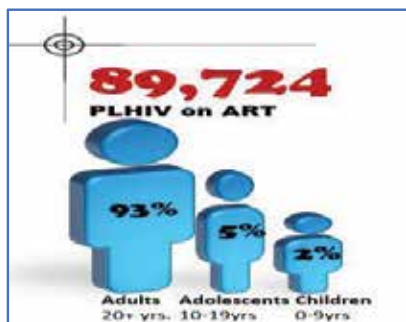


HIV Recency Testing - With support from MoH and Uganda Virus Research Institute, we implemented HIV recency testing at 86 activated sites reaching of 4,326 individuals. Of those tested, 12% had a recent HIV infection and 88% had long term infection. Districts with the biggest burden of recent infection included Kyegegwa, Kyenjojo, Kabarole and Kitagwenda. District and Health facility teams received continuous technical assistance in terms of service provision, quality assurance, reporting and ordering for supplies commodities and data use. Recency data was used for microtargeting to improve coverage and utilisation of HIV prevention services in the region as illustrated in the figure below.



HIV CARE AND TREATMENT SERVICES

Enrolment and retention of HIV infected individuals on ART: In line with the UNAIDS 95-95-95 strategy, Baylor Uganda supported district teams in Rwenzori region to provide high quality person-centred HIV treatment services to 89,724 PLHIV, representing 97% of the annual target. This achievement was attributed to technical assistance provided to district-based technical assistance teams (TATs) and HWs on delivery of treatment service package including same-day ART initiation of newly diagnosed PLHIV; screening and treatment of Advanced HIV Disease (AHD) and NCDs including Cervical cancer; TB Preventive therapy; ART optimisation; ART retention; Continuous Quality Improvement (CQI); data use; DSDM; and quantification and ordering of HIV commodities. HWs to implement the continuation of treatment package including sending reminders on upcoming appointments, SMS/phone calls/home visits for missed appointments, holding clinic day client literacy sessions, and conducting home visits to support adherence and return missing clients to care.



HIV/TB services; continually mentor PLHIV on self-reliance (linkage to village savings and loan schemes to reduce poverty, transport barriers, and food shortage).

Viral Load (VL) Coverage and Suppression: Baylor-Uganda supported HWs in Rwenzori region to integrate VL screening and testing services during provision of HIV services at facility and community level. We used data to map clients missing VL testing; assign community workers or



peer navigators to conduct home or community-based VL collection; conducted health education and patient literacy to create demand for VL testing; trained HWs to provide stigma-free VL services; aligned appointments for ART refills and VL testing. Mentored HWs to provide optimised ART services for all PLHIV sub-populations and age-groups, initiate or switch unsuppressed children to fixed-dose combination DTG-based regimens; provide intensive adherence services to unsuppressed clients; Link OVC to support services;

implement national paediatric VLS/retention QI collaboratives via national QI dashboard; use tele-counselling, and appointment reminders.

Other HIV Care and treatment achievements registered in Rwenzori region

- 21,919 HIV Positive women screened on ART, 654 cases identified and treatment
- 98% PLHIV on ART screened for malnutrition
- 94% HF's integrated IPC within care and treatment service delivery
- 97% PLHIV retained on ART at 12 months after treatment initiation
- 89% New PLHIV on ART received CD4 test
- 90% of VL non-suppressors achieved VL suppression at second VL test after IAC

TB/HIV SERVICES IN RWENZORI REGION

During the year, 5348 new and relapse TB cases were identified in Rwenzori region at 151 HF's reaching 113% of the annual target. Of these, 1633 cases were co-infected with HIV and TB and all were linked to treatment. Most importantly however, TB treatment success rate improved from 81% to 90% through the year. The achievements were attributed to the integration of HIV and TB services at entry points (OPD, ART, MNCH); cough monitors using the combined TB/COVID-19 screening algorithm; enhanced contacts tracing including social networks, use of two-tier expanded community TB screening, and house-to-house community TB screening; Used mass media, political or religious leaders for World TB day commemoration to create demand for TB services.



Working with MoH/NTLP: we supported district teams to expand geneXpert access as first-line TB diagnostic and newer technologies ("C-reactive protein, Truenant") to improve case finding; facilitated lab hub rider/sample transportation system; scaled-up use of symptom-based desk aide; aided referral/X-ray services via voucher system; sub-granted CBOs for TB patient follow-up; implemented QI initiatives to improve sputum samples referrals, test results Turn-around time, and TB-LAM testing for patients with AHD; scaled-up TB DSDM to improve adherence and treatment completion. We integrated HIV and TB testing, and immediate ART initiation during contact tracing at HF and community. We supported HF's to provide TPT, Scaled-up national TB electronic case-based surveillance (CBS) system for tracking TB patients through treatment completion/outcomes; facilitated quarterly review meetings to enhance data use.

PREVENTION OF MOTHER TO CHILD HIV TRANSMISSION (PMTCT)

Key PMTCT Achievements



- 110,113** Pregnant women received ANC service package 1st visit
- 4,326** identified HIV infected Pregnant women initiated on ART
- 5,534** HIV Exposed infants enrolled in care
- 99%** 1st PCR coverage within 2 months of birth
- 1.8%** HIV transmission

Baylor-Uganda implemented a robust PMTCT clinic system in 151 supported sites in the Rwenzori region reaching over 110,000 pregnant women and identifying 4,326 new HIV positives, and starting them on ART. This performance was attributed to the enhanced demand creation and referral of pregnant women through routine health education at HFs, radio talk shows and spot messages, and scouting for pregnant mothers in communities by VHTs and peer mothers. There was adequate supply of HIV test kits to ensure continuity of HTS and mandatory testing for mothers at ANC1, retesting through pregnancy, labour and postnatal periods.

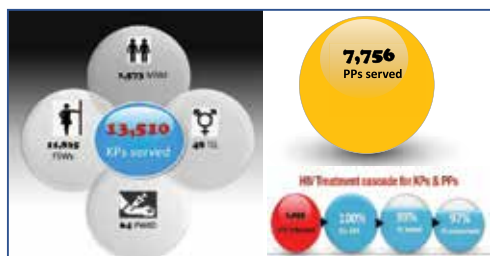
We supported peer mothers to link identified positive mothers to ART at MBCPs and enter them into EDD trackers. We leveraged the G-ANC platform using the AGYW mentor mothers to scout for PBF-AGYW mothers in the community to receive facility MCH services, HTS and linkage to PrEP for negatives and ART for positives. We continued to improve access to MCH services by facilitating PMTCT outreaches to 20 HCIs.

There was deliberate effort to strengthen EID tracking systems in all supported HFs. We supported HFs to line list and track all eligible mother baby pairs (MBPs) in the EDD cohort trackers, conducted pre-appointment calls for MBPs. We continued to support HFs to integrate EID in EPI outreach and scale-up community EID sample collection and BBMB campaigns. We supported HFs to functionalize the 12 EID/POC HFs and 34 spoke sites.

KEY AND PRIORITY POPULATIONS SERVICES IN RWENZORI REGION

During the reporting period, a total of 13,510 Key populations and 7,756 Priority Population received a minimum package of individual layered prevention services. Services provided included HIV prevention and care awareness, risk reduction counselling, condom, PEP, Screening for PrEP, TB, STI, GBV, HEP B, HIV testing and linkage to care, and adherence support. Of the KPs and PPs served, 93% were screened for TB, 99% screened for STIs and 89% received condoms. A

total of 9238 and 14,587 received PrEP and Post GBV care respectively. A total of 1055 KPs and PPs were HIV positive and linked to ART. This performance was attributed to the implementation of high-yielding strategies including moon light outreaches conducted at hotspots and the strong engagement of KP-Led CSOs during service delivery and demand creation. We mentored outreach teams on same-day ART initiation; enhance treatment literacy for KP/their families (Undetectable=Untransmissible (U=U)



messaging), peer navigation, monitoring systems; support pre-appointment reminders, root cause analysis (RCA), weekly data reviews to identify missed visits; multi-month dispensing for HIV+ KP and DSDM (CDDP at DICs, ART refills, VL bleeding at hot spots) while ensuring safety/confidentiality; intensive adherence counselling for the non-suppressed by trained peer navigators. A total of 1055

HIV positive KPs and PPs were served on ART, of these 99% had a valid viral load test and 97% were virally suppressed.



L-R: Community HIVST and Community PrEP Delivery, Literacy session at community safe space, Community ART/VL services

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) IN RWENZORI REGION

During the reporting period, the project offered quality VMMC services in geographic areas with the highest HIV burden and/or low male circumcision coverage, focusing VMMC demand creation on age groups at most immediate risk of acquiring HIV sexually to maximize possibility of epidemic control and focusing on the 15 - 29 age group. A total of 23,087 men were circumcised representing 126% of the annual target. Of these, 91% men were within the pivot age group (15-29 years). Overall, 86% of circumcisions were reached through the surgical method and 12% were through device method. The comprehensive VMMC package offered included health education, risk-based HTS with linkage to care for those found HIV positive, Td vaccination, STI screening and treatment, and follow-up to reinforce post-operative instructions and ascertain the healing process. To increase demand for the Shang-Ring (SR) method, we conducted multiple demand creation activities including radio engagements, peer to peer mobilization by those previously circumcised using SR, use of community Public address systems and VHTs. In order to prevent the risk of COVID-19 infection, we continued to strengthen IPC measures across all our static and outreach centres. Together with the FRRH mechanism, we formed and initiated a regional VMMC QI committee to building capacity to manage severe or Notifiable AEs. We registered 10 adverse events (MAEs) which were managed well.



Figure 3 Training of HWs during the regional VMMC emergency resuscitation and AE management training at Kabarole

OVC SERVICES IN RWENZORI REGION

Baylor-Uganda continued to implement comprehensive OVC program in Rwenzori region supporting 2 CSOs, 130 HF, and six districts to provide comprehensive services to 6,173 OVC households, including Income Generating Activities (IGAs); VSLA training and monitoring, follow up visits to food-insecure households; agricultural advisory & extension services



L-R School monitoring visits in Kasese, Apprenticeship training, VSLA group sitting in Kasese

(kitchen gardening); distribution of farming inputs; community-based ART refills and VL sample collection for OVC unable to reach the HF; scholastic materials to children in school; and follow up of AGYW receiving apprenticeship training. The program served 24,678 beneficiaries with comprehensive OVC services, of whom 489 graduated out of the program and 5,796 received a layered package of education and Early Childhood Development (ECD) services. A total of 3788 OVCs were HIV positive and all on ART, 97% of them had a valid VL test and 96% were virally suppressed.

We continued to strengthen GBV/VAC/IPV screening, and documentation through provision of additional suggestion boxes to HF, intensified mentorships on GBV/VAC, IEC materials supply to HF, and popularised reporting mechanisms. Health workers were mentored on integrating routine GBV screening into general services, especially at MCH, adolescent, and HIV care clinics. Furthermore, the program supported the implementation of microfinance & credit services through the Village Savings & Loan Association (VSLA) model. By the end of June 2022, a cumulative total of 518 VSLA functional groups were established across the region, with a joint membership of 9,582. VSLA group savings increased by 13% from USD 120,857 to USD 136,101 and borrowings also increased by 32% from USD 147,371 to USD 168,660 between June 2021 to June 2022.



L-R: YAPS training and experience sharing at Kyegegwa Hospital, YAPs completed a PPE training at Kamwenge, Integrated health education and play activities for adolescents during adolescent clinic days at Kyegegwa,

HEALTH SYSTEMS STRENGTHENING IN ACE FORT

Laboratory Quality Management Systems: The project strengthened access to quality HIV/TB laboratory diagnostics at the 138 referring and seven laboratory hub sites, across 3,576



L-R New bike handover to hub-rider at Kyegegwa hubs; SANAS surveillance assessment at Fort Portal RRH.

hub routes. Four laboratory hubs of Kyenjojo Hospital, Kyegegwa Hospital, Bundibugyo hospital, and Kagando hospital were assessed and achieved the international accreditation status. By end of June 2022, all the 7 laboratory hubs were accredited to the South

Africa National Accreditation System (SANAS).

These include Fort Portal Regional Referral Hospital, Kilembe Mines Hospital,

Rukunyu Hospital, Kyenjojo Hospital, Bundibugyo Hospital, Kyegegwa Hospital, Kagando Hospital Laboratory. All hubs received administrative support to run their activities smoothly including Human resource, Stationary, Internet, Fuel, ICT equipment and equipment maintenance. The project supported districts and health facility teams to implement Laboratory External Quality Assurance and proficiency testing schemes for EID-POC, HIV, CD4, TB Microscopy and TB GeneXpert. All tests passed above expected National standard as follows: TB GeneXpert and Microscopy (99%), CD4 (100%), HIV (99%), EID (100%)

Health Financing: In order to address some of the district/HF funding gaps affecting the delivery of HIV/AIDS services in the region, Baylor-Uganda provided performance based subgrants a total of USD 644,014 to 30 sub grantees under Results-based financing and Input based financing. These include: 9 OVC CSOs, 4 KP CSOs, 9 Districts, 1 Fort Portal City, 1 Kasese Municipality, 6 DCDOs. The purpose of the funds was to strengthen the Districts and CSOs capacity to plan, coordinate and deliver quality HIV/TB and OVC services in targeted areas. The project team conducted trainings, mentorships and supportive supervision for subgrantees to improve funds management and utilisation. The details of amount disbursed per subgrantee is presented in the table

Sub Grantee Category	Mode of financing	Amount sub granted in USD
RBF CSOs	Results based financing (RBF)	348,690
KP CSOs	Input-based financing (IBF)	125,474
PHA Networks	Input-based financing (IBF)	21,176
Health Facilities	Input-based financing (IBF)	84,641
District Health Office	Input-based financing (IBF)	31,838
District Community Devt Office	Input-based financing (IBF)	14,919
FRRH	Input-based financing (IBF)	17,276
Total		644,014

Capacity Building for Health workers: Trainings and mentorships were conducted in the region reaching 1,128 health workers to ensure they deliver quality HIV/TB health services. Trainings were delivered through both face-face meetings and virtual echo-zoom approach and the focus was on all project program areas. The table below shows the knowledge gain achieved from some of the selected trainings conducted.

Amount disbursed by sub-grantee in Fort portal region July 2021 – June 2022

1,128
Health
workers
trained

Type of Training	Number of Health workers	Median Pre-Test score	Median Post-test score	Knowledge Gain
Quality Improvement	220	67%	87%	20%
The 5S quality methodology	177	70%	90%	20%
Bio Risk Management	125	21%	69%	48%
Electronic Medical Records system	58	58%	79%	21%

Knowledge gain achieved from selected key trainings conducted in Fort portal region

Human Resources for Health (HRH): With support from PPEFAR/CDC, Baylor Uganda supported district health service commissions and DHTs to recruit and train critical HWs to deliver HIV/TB services, absorb them where opportunities prevailed and implement HRH performance management systems including appraisals, mentorships, rewards, and sanctions). This intervention helped to address some of the existing staffing gaps in district health sector during the review period. A total of 610 HWs were recruited and the absorption rate on government payroll is 41%.



Strategic Information

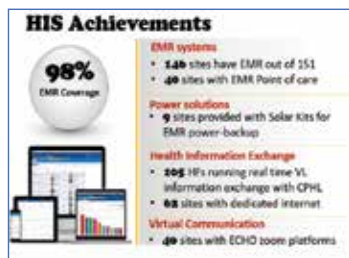
Baylor Uganda supported districts and CSOs to implement key SI activities including submission of timely periodic reports through national and donor reporting systems (DHIS2, OVCMIS, PIRS, DATIM), data quality assessment, data use, review and planning meetings and functionalising health information systems. During the reporting period, the average reporting rates was sustained at 99% for both monthly and quarterly reports in DHIS2, 100% in OVCMIS, 100% in DATIM. With support from METS and MOH, we availed critical data capture and reporting tools to 96% of the supported sites. All 9 districts and Fortportal city conducted all scheduled four quarterly review and planning meetings



L-R: DQA exercise Quarterly feedback meeting at Fortportal city, Clinician demonstrating EMR system at

STRATEGIC PARTNERSHIPS IN ACE FORT

Health Information Systems: In collaboration with district leadership, DHT, METS, MOH and CDC, Baylor Uganda continued to scale up HIS solutions in Rwenzori region to improve data management for effective service delivery. We focused to expand and maintain Tiered EMR systems for HIV/TB care, roll-out HIE platform, provide sustainable power solutions, secure and maintain HIS hardware, support use of virtual communication platforms.



ELMA-UNFINISHED BUSINESS PROJECT

Baylor-Uganda with support from the ELMA Foundation has since October 2018 implemented the Unfinished Business project in the seven districts of Kabarole, Bunyangabu, Kasese, Kyegegwa Kyenjojo, Kamwenge and Kitagwenda aimed at closing the HIV treatment gap between children and adults.

During the implementation period, Baylor-Uganda supported 33 health facilities (26 publicly owned and 7 private not-for-profit) to implement evidence-based and high-yield HIV testing approaches to improve case identification including index testing, social network testing strategies (SNS), and optimized PITC using validated age-appropriate screening tool. A total of 836 HIV+ children and adolescents (300 children aged 0-14 years and 536 adolescents aged 15-19 years) were identified reaching 75% of the annual target (children 36% and 201% adolescents). All supported health facilities were mentored to utilize the risk-based HTS eligibility screening tool and expand index testing to biological children and siblings of HIV+ parents and siblings respectively. YAPS and peer leaders were trained to screen, refer eligible adolescents for HTS, implement index testing including APN to sexually active adolescents, social network strategies (SNS) among high risk adolescents, distribute 4940 HIV self-testing kits, screen and link OVCs to services. We worked with 13 CBOs to cascade testing of family members through home-based HIV testing.

Linkage and ART initiation was at 103% (857/836) of the annual target (299 aged 0-14 years and 558 adolescents aged 15-19 years) cumulatively reaching 93% of annual target. All new Children and adolescents were initiated on ART attributed to the efficient peer navigation model by expert clients, linkage assistants and the YAPS. Starter packs of ART were provided at community outreaches to ensure same day ART initiation. Implementation of linkage to ART package, transition to optimal ART regimen, retention package, and laboratory disease monitoring services were priority in the reporting period.

There was improved 12 months' retention at 93% and viral load suppression at 91%. The retention and ART adherence package comprised of pre-appointment reminders (phone call and text messaging), intensive individualized HIV case management of new in care and unsuppressed by counsellors, active follow-up by YAPS, home-based adherence counseling and viral load sample collection, and linkage of eligible children and adolescents to OVC services. To ensure service continuity amidst the COVID-19 resurgence, we scaled up multi-month drug prescriptions; home ART delivery and VL sample collection; home-based counseling and switching of ART; and phone call and SMS reminders on services.

Updating The Skills Of Health Providers For RMNCAH

Baylor-Uganda on March 7, 2022 signed a contract with the Ministry of Health's (MoH) Uganda Reproductive, Maternal, and Child Health Services Improvement Project (URMCHIP) to provide Consultancy Services for Clinical Skills Updates and mentorship for Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCAH) in the Mid-Western Region in 17 districts and 2 cities of Tooro and Bunyoro sub-regions.

Working with the health professional associations of Obstetricians and Gynaecologists of Uganda (AOGU), of Anaesthesiologists of Uganda (AAU), Uganda Paediatrics association (UPA), Federation of Uganda Nurses and Midwives (FUNM) and the Uganda Private Midwives association (UPMA), Baylor-Uganda has assembled a pool of 47 master mentors (consisting of Obstetricians, Anaesthesiologists and Paediatricians) and 21 mentor midwives to conduct onsite mentorships for medical officers, anaesthetic officers and midwives to ensure proficiency in providing emergency obstetric and neonatal care.



Obstetrician conducting a CPD/simulation on Management of nsite HBB/ New born resuscitation skills training at Ntara abortion and MVA at Kyarusizi HC IV HCIV

By the end of June 2022, the mentors had determined the critical health facility gaps and engaged up to 361 providers at 49 sites that provide caesarean section deliveries and 61 mentees at 22 sites providing normal delivery once, to start address their skills gaps for management of the leading causes of death to mothers and their babies.

Conclusion and Recommendation.

By end of the first round of mentorship it was clear that most of the HC IVs are operating at less than full capacity or not at all because of shortages in critical staff, especially anaesthetists and Medical officers, essential medicines, supplies, equipment, and key infrastructure. If the mentorship exercise is to impact maternal and new-born morbidity and mortality, MoH needs to address the persisting system gaps that are beyond results based financing and current PHC funding.

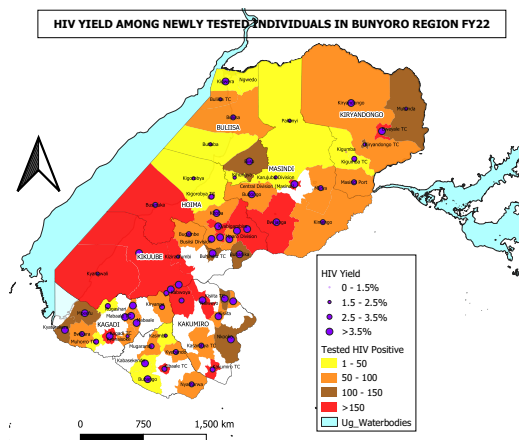
Bunyoro Region - HIV and TB Prevention, Care and Treatment



Baylor-Uganda in partnership with Trans-Psychosocial Organisation (TPO) implements a PEPFAR/CDC-funded project named “Accelerating and sustaining Epidemic Control in Bunyoro region in the Republic of Uganda under the President’s Emergency Plan for AIDS Relief (PEPFAR)” alias “ACE-Bunyoro”. The project goal is to contribute to MOH efforts to reduce the incidence of HIV infection and HIV/AIDS-related morbidity and mortality among children and adults in Uganda in line with UNAIDS 95-95-95 targets for epidemic control. The project supports 106 HFIs in the eight (8) districts and one (1) city of Bunyoro region; Buliisa, Hoima, Kagadi, Kakumiro, Kibaale, Kikuube, Kiryandongo, Masindi and one City-Hoima. Technical assistance in comprehensive HIV care is also provided to Hoima Regional Referral Hospital. We use a HSS approach through district-led programming emphasizing increased utilization, ownership, and sustainability of quality comprehensive adult, pediatric, and adolescent HIV/AIDS and TB services.

HIV TESTING SERVICES IN BUNYORO REGION

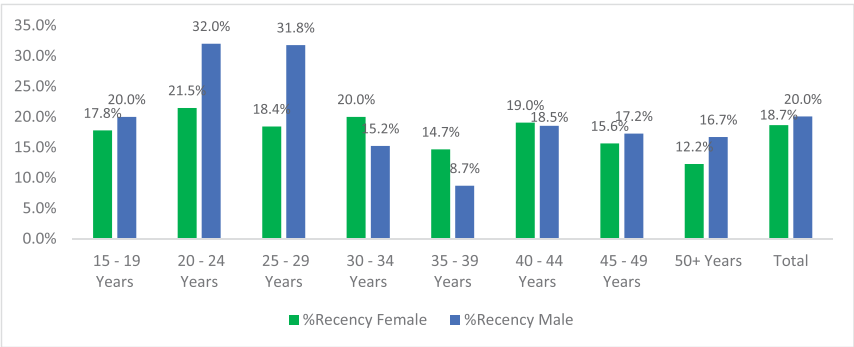
Baylor-Uganda supported the implementation of high-yielding case identification strategies including Index case testing, SNS, and optimized screening and testing at high-yielding facility entry points such as OPD, in-patient wards, malnutrition, and TB clinics. We aimed at bridging the case finding gaps specified in the preliminary UPHIA 2020 results. Working with MOH and UVRI, we scaled-up recency testing sites to eligible clients from 40 to 62. The maps below show the sub-counties with the different levels of positivity and recent infection. The new infections are predominantly in urban centers Like Bwika, Kiryaanga, Kisiita TC, Kitoba, Busiisi, Masindi Central, Kigumba TC and Kiryandongo TC.



The overall yield among individuals tested for HIV over the year was averagely 3.6% with 5.6%,3.7%, and 2.8% among Females, Males and children respectively. The linkage to ART was averagely 94% with 98%, 88% and 100% among females, males and children respectively. The timely initiation of men onto ART is still sub-optimal due to their mobility and stigma related issues.

Recency Infection by Age and Gender in Bunyoro Region, July 2021 - June 2022

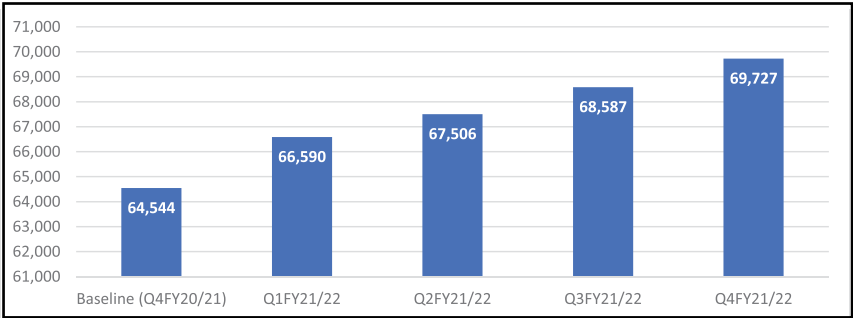
The surveillance was initially rolled out in 15 health facilities (HFs) and later scaled up to 40 HFs with effect from October 2021. Of the 7,600 Newly identified clients above 15 years, 1,370 (18%) accessed a recency test; 19% (262/1370) were recent infections, slightly higher among males at 20% compared to females at 18.6%. Data from the surveillance will inform the micro-targeting and mapping as the region closes the case identification gaps identified in UPHIA.



CARE AND TREATMENT UNDER ACE BUNYORO

By the end of June 2022, Bunyoro region had 69,737 HIV positive clients active in care an increase from 64,544 clients reported active the previous year. This achievement surpassed the 69,052 annual targets, and is attributed to improved case identification, linkage and retention. All districts registered an increment in the number of clients active in care surpassing the 95% target.

Increase in number of HIV positive clients on ART in Bunyoro region, 2021-2022



TB/HIV SERVICES IN ACE-BUNYORO

The use of data as a compass for decision-making and adaptive management was strengthened through weekly performance reviews, quarterly District TB performance review meetings, National TB and TB-HIV cascade, QI collaborative coaching and QI learning sessions. All districts were supported to participate in the MoH “3 by 1” TPT catch-up campaign among TB contacts and PLHIV and in the roll-out of TB DSDM.

We continued to build the capacity of regional and district TB mentors who were supported to conduct continuous data-driven onsite mentorships on; intensified TB screening targeting all HF service delivery points, continuous TB Hot-spot mapping and screening and TB contact tracing and improved utilization of the TB active case finding stamps by distributing to all 31 TB DTUs participating in the National TB and TB-HIV cascade QI collaborative which improved TB screening at HF outpatient departments. QI initiatives for timely TB treatment initiation and contact tracing coupled with early TB treatment cohort monitoring were established and emphasized through onsite mentorships across all DTUs. The RTLS and DTLs’ continued to spearhead all TB activities in their districts and conducted joint technical support supervision with the project TB technical team. The TB electronic Case-Based Surveillance system (eCBSS) was effectively utilized across all 26 active sites and TB patient level back-log data entered into the system. The project supported weekly TB case detection performance monitoring targeted onsite supportive supervision and continued to leverage virtual communication platforms (District/Regional TB WhatsApp groups and ECHO zoom) to; offer real-time technical support, enhance TB data exchange, and share change packages/learnings across HFs.

TB Treatment Outcomes

The TB Treatment Success Rate for the region improved from 89.2% (932/1,045) to 91.4% (1173/1284) with Hoima City and four of the 8 districts surpassing the national target of 90%. ACE-Bunyoro continued to support the regional efforts to improve TB treatment outcomes, registering a steady reduction in the loss to follow-up rates from 4% to 2.9%. This is attributed to the attachment of TB clients to sub-county healthcare workers for community CB-DOTs at the inception of treatment, timely initiation of TB QI interventions for treatment monitoring such as; the monthly TB active cohort monitoring with the aid of electronic TB Cohort Audit tools, timely follow-up of TB treatment interrupters by CSOs and leveraging on virtual communication platforms (WhatsApp groups and ECHO zoom) to enhance TB treatment outcomes data-exchange. By end of June 2022, the TB death rate was 4.8% (62/1284); below the 5% National TB death rate threshold. The reduction in death rates is attributed to intensified TB screening which enabled timely diagnosis of TB clients and enhanced adherence support through sub-county healthcare workers, community linkage facilitators and VHTs. There has also been sustained improvement in TB cure rates from 79% (June-2021) to 81% (479/1284) in (June-2022), attributed to timely treatment initiation and monitoring even amidst the 2nd COVID-19 wave-related movement restrictions which coincided with the above cohort as the project facilitated community-based TB sputum sample collections at 2, 5 and 6 months through facility TB focal persons, lab personnel and sub-county health workers and VHTs who supported TB patient follow up and anti-TB drug delivery efforts.

Success story; Saved from Malnutrition and Tuberculosis; Baylor-Uganda intervenes in time to save Baby Edmond's life.

In September 2021, Edmond's Mother Akumu Margret brought Edmond to the Baylor Aided paediatric Clinic at Bijwanga Health center 3 in Masindi. Edmond was diagnosed with TB and had lost appetite and weight. Prior to this, Baylor Uganda had earlier intervened to save Edmond from contracting HIV before birth under its PMTCT programme after discovering that Akumu had been diagnosed positive during pregnancy. "I've come a long way to seek help for my son from Baylor, he is wasting away and has a recurrent cough", said Edmond's mother" who had trekked for over 2 kms to find help from Baylor supported Bijwanga Health Centre IV in Western Uganda Rwenzori region.

When Baylor Uganda field Medical team visited the community where Akumu lives, they discovered that she barely survives on selling local potent gin and she was a casual laborer. This is the reason she could hardly afford nutritious food for her baby, but also exposed him to TB infection. We Assess, sensitize, screen TB." said Hellen Abitegeka - a Case Management Officer at Baylor-Uganda.

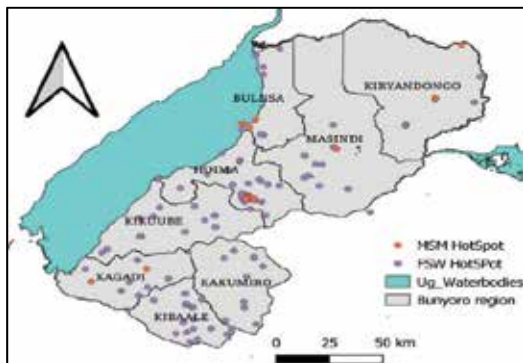
After 3 weeks of intervention, the infant had gained up to 12kgs from 5kgs, he could now play and feed better and was out of danger. "Edmond can now smile and run. We are exceedingly grateful for all the support. We promise to adhere to our treatment", said Edmond's beaming grandmother



PROGRAMMATIC MAPPING AND KEY POPULATION SIZE ESTIMATES IN BUNYORO

Key Populations (KP) are disproportionately affected by the HIV/AIDS with the prevalence higher among KPs than the general population. By March 2021, reach to KPs was limited due to lack

of data on regional location and size estimates of KPs, affecting KP service coverage and Prioritization of resources. A mapping and size estimation of KPs was therefore conducted in August 2021. The objectives were to establish the population size estimates of KPs by type and map the hotspots to support targeted HIV prevention interventions. It was conducted by KP peer leaders, health care providers, community key informants and KP leaning CSOs with technical support from Baylor Uganda, Population Council and the District Health Team (DHT). The mapping showed 1,360 hotspots mainly distributed along



busy urban centres, shores of lake Albert, major highways and areas with major construction projects. The number of KPs reached with standard HIV prevention services increased by 35% between April-June 2021 and July-September 2021, registering the highest number of KPs ever reached in the region.

Health Systems Strengthening in Bunyoro region

Digital Health Investment: Digital health investment continued to be a priority for direct service delivery sites in the region. Dedicated internet connectivity at 41 HF's and 3 DHO's offices has remained the cornerstone of data sharing, exchange and virtual communications. Internet connection steadied utilization of E-Systems (eCBSS, KP tracker), and health information exchange for VL, ART ACCESS and Recency. Of the 85 EMR sites, 71 (84%) are exchanging VL data with CPHL. In order to enhance alternative drug distribution through private pharmacies, we have supported 4 private community pharmacies attached to 3 HF's (Hoima Regional Referral Hospital, Kagadi Hospital and Masindi Hospital) in the digital data exchange using the ART Access EMR.

Sixty (60) health facilities have been supported to synchronize recency Surveillance data with Central Public Health Laboratories in real time after an additional 22 sites were added to the existing 40 sites through a step-down training in June 2022. Working with METS Uganda, the project is piloting SMS appointment reminders at 5 HF's which will be scaled up to 40 sites. All these technologies are intended to improve quality of health care services in terms of access and accuracy of records for proper planning and decision making.

Virtual communication: With support from CDC, ACE-Bunyoro project has supported the installation of ECHO Zoom systems at fifteen (15) points in the region. These will support in capacity building of health workers without having them to move from their service stations.

Joint support supervision improves the functionality of health facilities in Bunyoro region

The lack of infrastructure and supplies affects health workers' motivation to provide quality services to clients in most parts of this country.



Kiryandongo and Kibaale District leadership receive the echo zoom equipment from Baylor Uganda's ICT team

These service delivery deficiencies can be addressed by the joint technical support supervision (TSS) to health facilities. Much as support supervision role is decentralized, districts are still struggling with inadequate funding, logistics and staffing for support supervision. Besides, there is general lack of awareness of the existence of a standardized guide for a regular and targeted TSS to health facilities.

To address the above challenge, Baylor Uganda supported district leaders and district health team (DHT) to conduct TSS to 40 HFs (38% of the 106 supported HFs) in the 9 districts of Bunyoro region. The joint TSS identified service delivery gaps at facility level and came up with actions to address those gaps. The support supervision motivated the staff and improved their communications skills and compliance to set service delivery standards.



BU developed a checklist which focused on the six building blocks of health systems strengthening.

The joint TSS has contributed to strengthening collaboration, integration, information sharing and capacities of district leadership to respond to the service deficiencies at facility level. For example, in Hoima city Police HC3 drained an overflowing pit latrine, more space was provided for maternity services. In Karongo HC3 in Hoima city, power was reconnected to the facility after 3 months of total black-out, bushy staff quarters/

compound were cleared, a rubbish pit was constructed, staff pit latrine renovated and fixed with doors.

SITE IMPROVEMENT THROUGH MONITORING SYSTEMS (SIMS) SUPPORTS ACE-BUNYORO TO DELIVERS HIGH-QUALITY CARE IN BUNYORO REGION

ACE-BUNYORO team hosted a team the Centers for Disease Control (CDC) to conduct a Site Improvement through Monitoring Systems at district, Health facility and Community levels. Proudly, all the health facilities visited (Hoima RRH, Biiso HC4 and Masindi RRH) scored above



95% meaning they majorly scored green in key areas. SIMS has led to tangible and sustainable changes that positively affect facilities' delivery of care through physical modifications in sites' systems. One specific example of positive change that stood out was registered at Biiso HC IV where the use of VHTs to bring back patients to care significantly grew the numbers of returned clients at the health facility. Also, the use of the raspberry pi has also saved situations where power abruptly goes off as it does the same work as computers.



Covid 19 mass vaccination in Bunyoro



Baylor Uganda, offered a number of free health services like HIV counselling and testing, cervical cancer and TB screening. As part of the celebrations COVID-19 mass vaccination was launched and 194,815 doses of COVID-19 vaccines were availed.

Activities to create GBV awareness during the 16 days of Activism

Baylor-Uganda partnered with Child Rights Empowerment Development Organization (CEDO) to create awareness around the 16 days of activism against Gender Based Violence under the theme “Orange the World: End Violence against Women Now!”. This was marked by a series of community and sector dialogues and activities to foster a collaborative effort in dealing with GBV to share information with the community. The COVID-19 pandemic, which necessitated isolation and social distancing, enabled a second shadow pandemic of violence against children, women and girls, where they often found themselves in lockdown with their abusers. This exposed them to all types of violence particularly domestic violence, yet most were unprepared to respond to its rapid escalation.

Participation of District top leaders in biannual performance review meetings - We engaged regional project stakeholders in assessing reviewing the semi-annual performance of the project against the set targets. as a result, Baylor-Uganda’s performance in the region was reviewed. The meeting also disseminated progressive performance of the ACE-Bunyoro project against the set objectives, shared best practices from the districts that performed better than their counterparts and gathered support and commitment from project stakeholders especially the political leadership. The regional stakeholders in attendance agreed to the need to devise innovative strategies to support more men and children access HTS services, care and support in an effort to improve the 95-95-95 cascade for these sub-populations.

Eastern Uganda Region - HIV and TB Prevention, Care, and Treatment

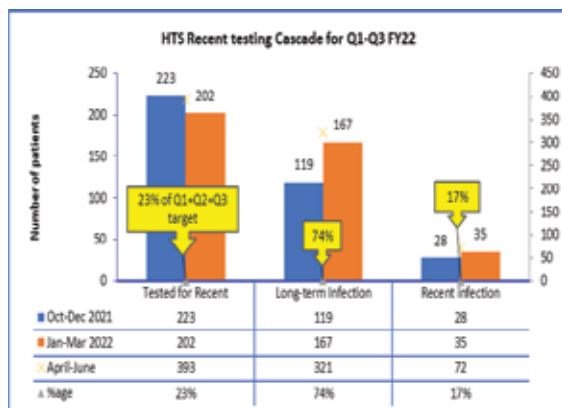


In October 2021, USAID awarded Baylor-Uganda a 5-year Cooperative Agreement to implement the **“Local Partner Health Services - Eastern Region Activity (USAID LPHS-E)”**. The activity supports the Ministry of Health to achieve the PEPFAR goals of reaching and maintaining HIV epidemic control by 2026 and ending AIDS by 2030 by increasing availability, accessibility, and utilization of quality integrated HIV/TB services in fifteen (15) districts of Eastern Uganda (Budaka, Bududa, Bukwo, Bulambuli, Butaleja, Butebo, Kapchorwa, Kibuku, Kween, Manafwa, Mbale, Namisindwa, Pallisa, Sironko and Tororo) and one city.

HIV TESTING SERVICES IN EASTERN UGANDA

A combination of static and outreach approaches was used to deliver HTS to 265,365 surpassing the annual target of 218,758. However, only 3,998 tested HIV positive translating to an overall yield of 1.5%, which accounted for only 79% of the targeted HIV positives. Mbale (885) and Tororo (716) districts posted the highest number of newly diagnosed HIV-positives.

HTS Recency surveillance - USAID LPHS-E supported 62 sites from 10 districts to conduct 818 recency tests of newly identified HIV-positive clients aged 15years+ which is 23% of the target, with



74% long-term infections and 17.2% reported as recent infections. Top Recent infections were distributed as follows; Budaka at 47.5% (38/80), followed by Bududa 47.4% (9/19), and Tororo 20.9% (32/153). The most affected age group contributing to recent infections were 25 years+ (males 28%, females 26%). Long term infections were largely from Bududa, Kween, and Budaka (100.0%). This indicates delayed identification of new HIV-positive patients identified within communities in these districts attributed to the high level of stigma affecting access to HIV testing services.

CARE AND TREATMENT IN EASTERN UGANDA UNDER LPHS-E PROGRAM

By the end of June 2022, USAID's LPHS-E achieved the following in HIV care and treatment against the COP21 targets.

- 94% Linkage to ART
- 98% ART Optimisation for Adults (20+ years)
- 97% Pediatric ART optimization for children <20kg
- 46% ART optimization for adolescents >20kg
- 84% MMD dispensation for all sub-populations
- 89.5% (44357/49586) ART Coverage
- 44% DSDM enrolment in stable models
- 40% (4511/11420) cervical cancer screening for women of reproductive age
- 66% (116/177)% cervical cancer treatment rate

Enrolment on ART through surge for quality strategy implementation- USAID's LPHS-E set out to maintain ART enrolment above 95% from Q1. The activity sustained the best practices of using the 10-point linkages package; 195 referral assistants provided post-test, motivation messages and escorted clients to enrolment point, where a comprehensive package of clinical (assessment and AHD screening), psychosocial (GBV screening, family tracking, PSS assessment and referrals, filing locator details) and laboratory services (Recency testing, CD4 testing, RBS, HBSAg) were offered by 48 case managers and the health workers. Starter packs of 90-day packs of TLD available in all 161 sites for community ART enrolment.

Collaboration with the community structures and development of a region wide directory supported service provision upon referral.

Retention in Care and Treatment through differentiated service delivery (DSD) models

- USAID's LPHS-E planned to reduce the percentage of uncategorized clients from 7%, and improve the enrolment of clients in less intense models to more than 45%. We conducted targeted mentorship visits to 62 health facilities in the districts of Tororo, Mbale, Mbale city, Bududa, and Manafwa with a focus on DSD implementation. 243 clinicians and Nurses and 110 lay workers were reached. This enabled the activity to reduce the proportion of uncategorized clients from 7% to 4%. USAID LPHS-E however is still underperforming by DSDM where only 44% of the clients are in stable models of care and a high proportion of clients in FBIM (39%) away from the national target of at most 10%. Intra- and inter-facility staff transfer from ART clinics affects knowledge transfer where the new health workers in HIV care do not have adequate information and skill set to manage HIV clients. This calls for continuous capacity building to ART sites to address the pockets of knowledge gap that occur due to such formal arrangements.

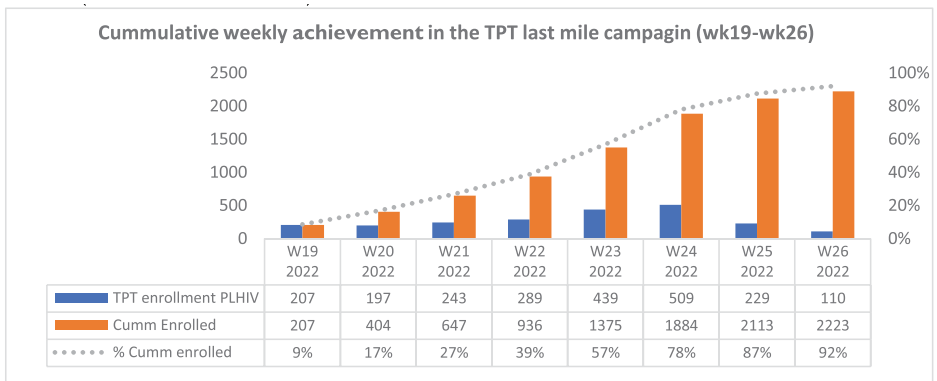
Improving VLC and VLS: By the end of June 2022, the region registered a viral load coverage of 90% and a viral suppression of 93%, all shy of the 95% targets. The activity supported district-based mentors to conduct mentorship sessions in viral load in 75 high volume facilities out of the 161 LPHS-E supported sites. Specific attention was given to Kween district to improve their viral load coverage. 273 clients were listed by the district-based mentors and the ART clinic in-charges of the six (6) ART sites in the district. The community health workers and the clinicians were facilitated to conduct community viral load sample collection. 163 samples were collected and sent to CPHL representing a reach of 60% of the line listed clients. The activity continued to streamline the clinic flow and result utilization at the health facilities. The activity also supported the VL sample and result transmittance, tracking the turnaround time through a CQI project. Overall, the VL TAT has dropped from 40 days in Q1 to 23 days by the end of Q4. The changes were around reducing time travel time of the samples from the health facilities, to the HUBs, printing of results and returning them to the lower facilities. Nonetheless, the required TAT target is 14 days however samples still take 10 days at CPHL away from the target of 4 days.

TB and HIV SERVICES INTEGRATION IN EASTERN UGANDA

TPT coverage among PLHIV at 98% - By June 2022, 98% of the PLHIV active on ART under USAID LPHS-E Activity had either completed or been initiated on TB preventive treatment (TPT). It is a WHO guidance that all TB MARPs are given TB preventive treatment, among whom are people living with HIV (PLHIV). In April-June quarter, the MOH and PEPFAR Uganda launched a TPT last mile campaign to mop-up the PLHIV who had never been initiated on TB preventive treatment. LPHSE started this campaign in the 19th week of the year 2022 with a target of 2416 who were line listed as never been initiated on treatment. This was tracked weekly at regional and national level.

The activities included cleaning the line lists of the eligible PLHIV, redistributing INH (drugs used for TB preventive treatment) to health facilities that were understocked, called back PLHIV who had long return dates (beyond June), delivered INH to PLHIV at their homes, cleaned up the patient records at the health facilities and supported weekly reporting of progress. The graph below shows the weekly progress that LPHSE made during the campaign weeks (week 19 to week 26) where 92% of the line listed PLHIV were initiated on TPT

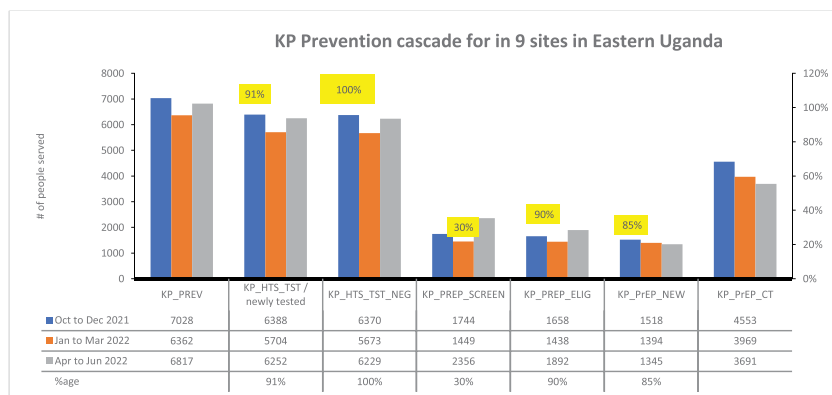
By the end of COP 21, USAID LPHSE had provided TB preventive treatment to 98% (43600/44357) of the active patients on ART. The mop-up efforts continue to track the new PLHIV starting treatment and those who are returning to care.



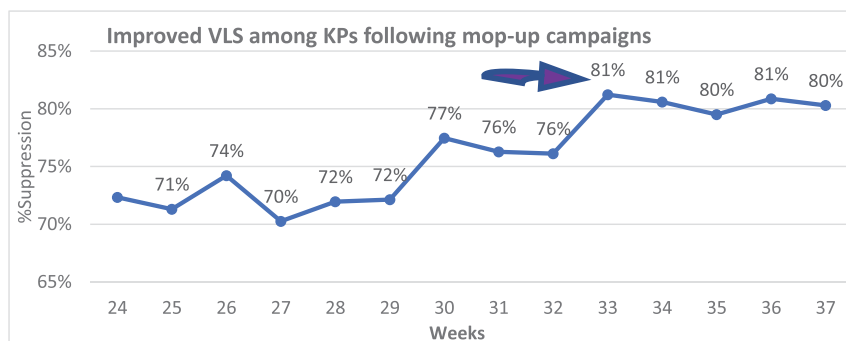
TB STAT, TB STAT POS, and TB ART - By the end of June 2022, USAID LPHS-E cumulatively identified 111% (3192/2864) incident TB cases with a documented HIV status. The cumulative achievement on TB STAT POS was 103% against the COP target while the TB ART cumulative achievement was at 103% as well. The over performance is attributed to the intensive TB screening efforts at all entry points including HIV clinic. 100% of all notified TB cases were tested for HIV, and the newly HIV positive were initiated on ART. Of the 46071 clients active on ART, 97% (44692) were screened for TB, and 236 were diagnosed with TB and started on treatment. Although the region overachieved on TB STAT, Sironko and Bulambuli districts are lagging behind. We will work with NTLP to conduct a CAST TB campaign in Pallisa and Namisindwa districts to further improve on TB case finding.

KP-PROGRAMING INTERVENTIONS IN EASTERN UGANDA UNDER LPHS-E

USAID LPHS-E supported Baylor-Uganda to implement interventions to increase the number of Key Population (KPs) enrolled and retained in care as well as those receiving HIV prevention services. Eleven (11) sites were supported to provide KP/PP services in the region including HIV prevention, HIV testing and counseling, linkage to treatment, retention in care and viral load uptake and suppression. These sites included Maluku HCIII, Namatala HCIV, Tororo General Hospital, Malaba HCIII, Nakaloke HCIII, Mukujju HCIV, Namakwekwe HCIII, Busiu Health HCIV, Sironko HCIII, Bison HCIII and Mbale Regional Referral Hospital. The program also provided KP service tools to support documentation across these sites. These tools included; Key and Priority Populations Prevention and Care Registers (12), KP and Priority Populations Prevention Services Tracking Forms (2000) and Monthly Report Booklets (300) and PrEP Eligibility Screening Form (3400).



Further analysis of program data shows an upward trend in the Key Population Viral Load suppression across the weeks (25 to 37) as shown in the graph below. This performance was attributed to the Viral load mop up campaign efforts and weekly follow up using the Viral load mop up tracker.



A combination of static and outreach approaches was used to deliver HIV Testing Services. Cumulatively, a total of 279,737 (128% of annual target- 218758) individuals received HIV Testing

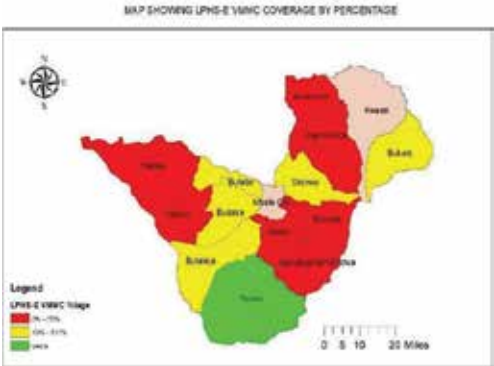
Services and of these, 4,327(85% of annual target-5081) clients tested HIV positive translating to an overall yield of 2.0%, and linkage into care increased across the quarters from 92% to 94% by the end of the annual period. USAID LPHS-E supported integration of HIVST kits distribution at facility & in all community outreaches, and distribution was mainly to male partners of pregnant women attending antenatal care (ANC), adolescent girls and young women (AGYW), and to Key Populations (KP) using the peer-led approach. As a result, 244% of the annual target (10051) was achieved.

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)

Voluntary medical male circumcision (VMMC) services were delivered at 21 facilities during

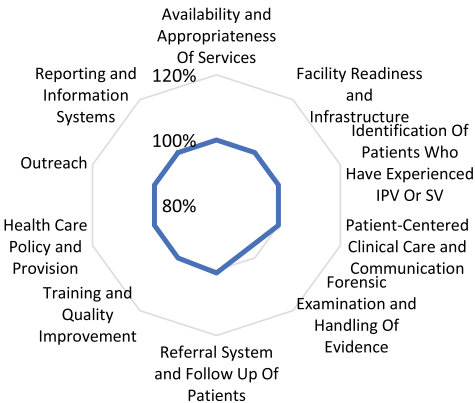
Voluntary medical male circumcision (VMMC)

the reporting period. Both static and outreach modes of delivery were utilized and as a result, 23,634 males aged > 15 years were circumcised. Overall there was a gradual improvement from 46% to 83% (9234/7102) by June 2022. The majority of circumcisions were from the priority age group of 15-29 years (23034) while 1303 clients were circumcised older than 30 years. Of all the circumcised males, 31 developed moderate adverse events and three developed severe adverse events (AEs). All clients with AEs were assessed, managed with antibiotics and wound dressing.



Gender-Based Violence

Percentage of standards achieved by category - USAID LPHS-E conducted a two-day orientation of 40 Gender Based Violence (GBV) focal persons per facility focusing on the GBV Quality Assessment tool, GBV screening tool and GBV monthly data template.



This orientation was followed by GBV Quality Assurance using the QA tool at 38 poorly performing sites to assess the quality of services and the performance.

As a result, cumulatively, USAID LPHS-E has supported the identification and management of 15,314 GBV cases, representing 124% of the annual GBV target (12368). Of these, 5,630 were due to sexual violence where 97% (5,458) were females and 3% (172) were males. The age group and sex with the highest number of SGBV was 15-19-year females.

Health Systems Strengthening in Eastern Uganda

Human Resource and use of Human Resources Information System (HRIS): USAID LPHS-E has continued to support the human resource function in the implementation of activities in all the clusters. By the end of year one (1) of the project, 99% of the Human Resources for Health Community workers and 93% of core members of staff had been recruited. This enabled USAID LPHS-E to achieve 89% (44357) and 93% (3758) of TX-CURR and TX-POS respectively.

Summary of the HR metrics and improvements as at end of quarter three

HR metrics	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of technical & support staff (project implementation team)	41	60	63	65
Gender ratios	Male: 31 Female: 10	Male: 45 Female: 15	Male: 46 Female: 17	Male: 47 Female: 18
Human Resources for Health (HRH)	532	544	547	567
Mbale RRH technical and support staff	47	45	46	47

Improved retention and motivation of health workers: We have worked jointly with the district leadership to support the teams by providing HR support through onsite meetings, mentorships, support supervision, salary payments and clear job description and training in key performance improvement areas. We have filled most of the vacant positions in the approved HRH staff establishment/structure for all the districts up to 99% which has reduced the workload of the health facility staff in running the HIV clinics. However, during the period 35 (6.2%) members of HRH left the project.

Three (3) members of HRH Community Workers were absorbed within the Ministry of health Structures out of the 94 members eligible for these opportunities. This was in the districts of Sironko, Butaleja and Bukwo representing 3%.

Improve health worker performance through performance management (CPD) - A total of 44 (62%) USAID LPHS-E members of staff were confirmed in service and 2 put on a performance improvement plan. With support of the DHOs, HR Focal Persons, Health Facilities In-Charges, 515 (94%) HRH were successfully appraised and recommended for continuity in service. This was a deliberate effort to retain quality and efficient members of staff and HRH community workers within the project so as to enhance the achievement of the project goal and objectives and as well as build systems for improving service delivery and sustainability.

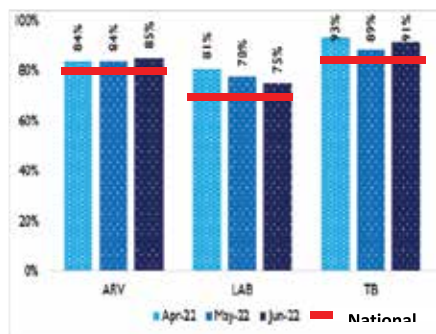
COLLABORATION AND PARTNERSHIPS IN EASTERN REGION

USAID LPHS-E designed and rolled out a digital HRH timesheet to all the supported sites in the Eastern region to ease management of monthly health facility-based staff timesheets/reports hence support the districts and health facilities in tracking key deliverables for each HRH staff. These timesheets are critical documents in tracking project activities implementation, time and attendance at health facility level and as well act as accountability documents for all staff salaries at health facility level.

With this innovation all Human Resources for Health Community workers will be submitting their monthly timesheets/attendance online. A test run of the digital timesheet system was done at Kapraron HC IV and Binyiny HC IV in Kween District in quarter 4. The HRH Community workers in the two Health Facilities were able to submit timesheets and reports without any glitches noted thus a notable innovation and value for money. We plan to scale up its use in all the 161 health facilities in quarter one (1) of year two. This will in a long run strengthen systems and improve quality services delivery and enhance patient linkage to care.

MEDICAL LOGISTICS AND SUPPLY CHAIN IN ACE FORT

Essential commodities, logistics and technologies: Baylor Uganda supported districts and facilities to have adequate quantities of HIV commodities such as ARVs, CTX, OI medications, HIV test kits and lab reagents through capacity building in quantification, forecasting, stock-management and ordering for essential medicines and other health supplies through the relevant supply chain systems (NMS, Joint Medical Stores and MAUL). We provided routine technical assistance to supported HFs through the district RASS super users to report, monitor, and utilize health commodity stock-status data in RASS; conducted Rx solution technical support supervision all hospitals and HC IVs in the region to monitor logistics and prevent stock outs



and, support district drug audits. Furthermore, we conducted technical assistance in aDSM to the regional sentinel site located at FRRH to improve the screening and reporting rates of adverse drug reactions (ADRs) associated with TLD, INH, and other regimens. In collaboration with MoH and other partners, Baylor Uganda supported districts to implement Community Retail Pharmacy Drug Distribution Points (CRPDDP) and the HFs which is intended to increase patient access to drugs in order to improve treatment adherence. In regard to Supervision Performance Assessment and Recognition Strategy (SPARS), all the supported districts maintained their medicines management

performance above the desired national target of 80%, resulting in improved prescription and dispensing quality, stock and storage management, and ordering and reporting of essential medicines and health supplies at supported HFs.

MEDICAL LOGISTICS AND SUPPLY CHAIN IN LPHSE

Essential commodities, logistics and technologies: Baylor Uganda supported districts and facilities to have adequate quantities of HIV commodities such as ARVs, CTX, OI medications, HIV test kits and lab reagents through capacity building in quantification, forecasting, stock-management and ordering for essential medicines and other health supplies through the relevant supply chain systems (NMS, Joint Medical Stores and MAUL). We provided routine technical assistance to supported HFs through the district RASS super users to report, monitor, and utilize health commodity stock-status data in RASS; conducted Rx solution technical support supervision all hospitals and HC IVs in the region to monitor logistics and prevent stock outs and, support district drug audits. Furthermore, we conducted technical assistance in active Drug Safety Monitoring (aDSM) to the regional sentinel site located at FRRH to improve the screening and reporting rates of adverse drug reactions (ADRs) associated with TLD, INH, and other regimens. In collaboration with MoH and other partners, Baylor Uganda supported districts to implement Community Retail Pharmacy Drug Distribution Points (CRPDDP) and the HFs which is intended to increase patient access to drugs in order to improve treatment adherence. In regard to Supervision Performance Assessment and Recognition Strategy (SPARS), all the supported districts maintained their medicines management performance above the desired national target of 80%, resulting in improved prescription and dispensing quality, stock and storage management, and ordering and porting of essential medicines and health supplies at supported HFs. Figures below show the average availability of tracer medical logistics in the last 3 months and SPARS performance

Baylor-TASO-Global Fund

AGYW Project



TASO NFM3 PROGRAMME

The power of Knowledge; a means to increase uptake of Sexual and Reproductive Health services and economic up thrust among HIV vulnerable AGYW. Limited access to sexual and reproductive health information and services remains a key driver to HIV infection and teenage pregnancies in Uganda. Amidst limited access to youth-friendly services points within the accessible radius, the vulnerability of Adolescent Girls and Young Women 10- 24 years (AGYW) increases thus haziness about the quality of their future. Social isolation, poverty, discriminatory cultural norms, orphan-hood, gender-based violence, and inadequate schooling all contribute to their vulnerability to HIV and a life not lived to its full potential. In addition, low access to Sexual and Reproductive Health information and services coupled with economic deprivation at the household and individual levels play a big role in worsening vulnerability among AGYW.

Thus; between June 2021-June 2022, the New Funding Mechanism3 Project reached out to 22,047 AGYW with comprehensive HIV prevention services. This has been done through awareness events to include; edutainment events (out-of-school tournament), targeted community outreaches, weekly group sessions in the community safe spaces, radio talk shows, announcements and spots messages. Capacity building for service providers has been key in the implementation of this project. Health workers, mentor mothers, peer leaders and project staffs have been trained in several deliverables with specific focus to service delivery to AGYW,

retention in the program and community support. Secondly, since determinants of HIV risk among AGYW are multifaceted, they call for intertwined approaches.

In line with Baylor Uganda's vision, a world where children and their families live a healthy and fulfilled life, the project also empowered a total of 3005 AGYW through soft and vocational skilling. To augment the utilization of these skills to boost the economic status of the AGYW as individuals but also as a family, 1116 were provided with Skills Sustainability Kits, thus addressing



Hakizimana Senatory A Baylor staff provides instruction to AGYW at the innovation camp at Duhaga Hoima Uganda



Peer to peer BCC session among AGYW under supervision of the district-based officer

improved access to basic needs.

Kyakusiima Fiona, a 19-year-old Standard 5 drop out praised her mom Ngonzi Christian that allowed her to join the shoe-making class. The single mother of two kids only practices subsistence farming to maintain her family livelihood. "I feel like my dad betrayed us by leaving my mom. I am going

to work hard to reverse this. My shoe-making skills will help me do just that!" she empathetically stresses.

"My dream is to help my little sister attain school to the highest. And with the knowledge we have acquired about the dangers of HIV/AIDS, I 'am all out to protect her" she adds.

Fiona says her biggest challenge has been the stigma from the community where she was referred

to as a failure after she dropped out of school due to pregnancy.

Baylor College of Medicine Children's Foundation-Uganda (Baylor - Uganda) is an indigenous not-for-profit child health and development organization. The New Funding Mechanism³ (NFM3) a Global Fund Grant where Baylor Uganda is one of the sub-recipients from TASO the Principal Recipient for the non-Public Sector for the period 2021 to 2023 which aims to tackle HIV-related vulnerabilities beyond the individual health initiatives to address these factors hence working towards



Kyakusiima and her little sister after getting a Shoe making Skills Sustainability Kit

meeting the Sustainable Development Goal of ending AIDS by 2030. The Project is implemented in 27 districts including; Buliisa, Hoima, Kyankwanzi, Buikwe, Nakaseke, Nakasongola and Kiboga implementing both TB contact tracing and AGYW HIV prevention activities while; Kagadi, Kakumiro, Kibaale, Kikuube, Kiryandongo, Masindi, Bundibugyo, Bunyangabu, Kabarole, Fort portal City, Kamwenge, Kasese, Kitagwenda, Kyegegwa, Kyenjojo, Ntoroko, Kassanda, Kayunga, Luwero, Kyankwanzi, Mityana, and Mubende remain solely focused on TB contact tracing.

Baylor-UNICEF MCH Project



BAYLOR UGANDA - UNICEF PROJECT

About the Programme

During this reporting period under UNICEF Baylor Implemented “Strengthening technical and management capacity of District Local Governments for Reproductive, Maternal, New-born, Child, Adolescent Health (RMNCAH), WASH and education services in 10 districts in Western and East-Central zones of Uganda.” The Project is aimed at improving access and utilization of RMNCAH, education and WASH services in 10 districts of Uganda as well as the reduction in the supply and demand bottlenecks in the health systems in underserved populations in the 10 selected districts in the Western (Kasese, Kamwenge, Kyegegwa, Kikuube, Mubende, Isingiro and Ntungamo) and East Central zones (Kamuli, Tororo and Namayingo).

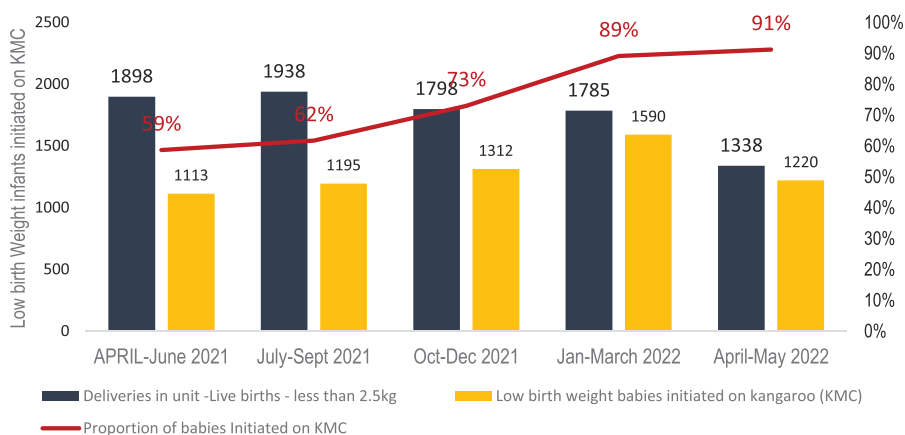
PROJECT OUTPUTS

- Strengthened capacities of District Health Teams (DHTs) and district local governments to plan, implement and monitor high quality and equity focused interventions for MNCAH, HIV/AIDs and nutrition.
- Improved capacity of health facilities to provide a full range of essential maternal, neonatal and child health, HIV/AIDs & nutrition services.
- Increased community awareness, demand, acceptance and utilization of available maternal, newborn child health, HIV/AIDs & nutrition services, including the use of key innovative approaches.
- Leadership and Governance development to strengthen the capacity of schools as Integrated Platforms for Adolescents Services Delivery.

KEY PROGRAM ACHIEVEMENTS - APRIL 2021 TO JUNE 2022.

1. Improvement of quality of maternal and new-born care at primary healthcare level in (1. Labour and delivery care, 2. Kangaroo mother care (KMC) 3. New-born Resuscitation).

Figure 1: Initiation of KMC among Low-birth-weight infants in 10 districts from April 2021 to May 2022



NEONATAL INTENSIVE CARE UNIT (NICU) AT KABUYANDA HCIV (Before and After)



Team from MOH and Baylor UNICEF project supporting Kabuyanda HCIV in Isingiro district to convert an old theatre building into a NICU

Table 1: DHSS Progression model assessment for ten supported districts over the last 3 years.

District	FY 2018/2019 (%)	FY2019/2020 (%)	2020/2021 (%)
Namayingo	59.8	55.7	70.7
Tororo		66.4	68.6
Kamuli	60.6	50.7	65
KZO Districts	60.2	57.6	68.1
Kasese	73.5	65	79.3
Kikuube	64.4	58.6	66.4
Kyegegwa		62.1	76.4
Mubende		70	70
Ntungamo	43.2	59.3	69.3
Isingiro	52.3	55	70
Kamwenge		84.3	80.7
WZO Districts	46.68	64.9	73

Key	Level	Assessment
<50%	Level 1	Needs urgent remediation
50%-70%	Level 2	Fair, needs improvement
70%-90%	Level 3	Meets basic expectations
>90%	Level 4	Surpasses basic expectations
	Not Applicable	No baseline assessment

The assessment is based on the 6 WHO health systems building blocks. I.e. Leadership and governance, Access to medicines, HMIS, Health workforce, Health financing and health service delivery.

2. Improved capacity of health facilities to provide a full range of essential maternal, neonatal and child health, HIV/AIDS & nutrition services.



Young people empowered to support others through a YAPS program in Isingiro and Kikuube districts.

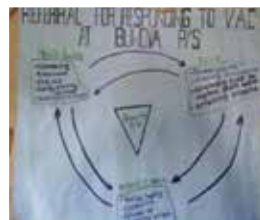
3. Increased community awareness, demand, acceptance and utilization of available maternal, newborn child health, HIV/AIDS & nutrition services, including the use of key innovative approaches. This was done through supporting district leaders, Health workers and other stakeholders to engage communities through dialogue meetings and Radio talk shows.
4. Leadership and Governance development to strengthen the capacity of schools as Integrated Platforms for Adolescents Services Delivery.
5. A total of 60 schools were supported to include life skills and citizenship education in their school plans and activities to build their capacity in adolescent services delivery in Kasese and Kamuli districts.



Community dialogue meeting on RMNCAH-PMTCT AND GBV PREVENTION at Rugaaga Sub County in Isingiro district



GBV referral map and Poster at Buteme P/s in Kamuli district



VAC referral map at Buwoya P/S- Kamuli district.

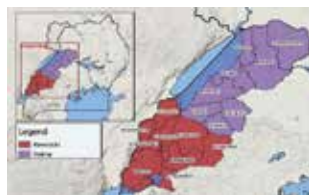
GLOBAL HEALTH SECURITY



The Global Health Security (GHS) program is in its 2nd year of implementation at Baylor-Uganda. The GHS program is mainly funded by the Centres for Disease Control and Prevention (CDC) to Improve Health Security and Build International Health Regulations Core Capacities in the Republic of Uganda through a cooperative agreement. The GHS program also received funding from GIZ to strengthen community surveillance in Kampala Capital City Authority (KCCA). The program is implemented in collaboration with the Subject Matter Experts from CDC and in partnership with the Ministry of Health (MoH).

Geographical Coverage

The program supports the Ministry of Health, 19 districts/cities in Rwenzori (9 districts, one city) and Bunyoro (8 districts, 1 city) regions, and other regions as the need arises, especially for emergency response work. The two regions have a population of 6,129,400 people and are served by 700 health facilities (282 in Bunyoro and 418 in Rwenzori). Figure 1 shows the districts in Hoima and Fort Portal region



Districts served by the Baylor GHS project in Hoima and Fort Portal regions

US Ambassador's visit to Rwenzori

The U.S. Ambassador to Uganda, Natalie E. Brown, conducted a four-day working visit to the Rwenzori region to evaluate the impact of U.S. assistance programs on promoting the global health security Agenda, among other programs. During her visit, the Ambassador observed how the US CDC-funded GHS project managed by Baylor-Uganda is supporting improvements in existing cross-border screening and IPC procedures and practices at the Uganda



Figure 1: POE volunteer takes Ambassador through the screening process at Mpondwe POE

- DRC Mpondwe POE to prevent, detect and respond to public health threats.

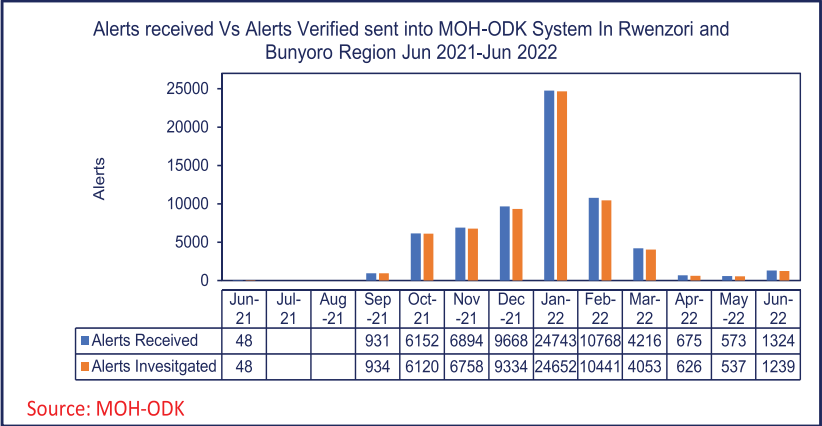
The project supported twenty-four volunteers to screen cross-border travellers at six points of entry in the districts of Ntoroko, Bundibugyo, and Kasese. The volunteers screened all traveller for priority diseases including COVID19 and viral haemorrhagic fevers.

PUBLIC HEALTH EMERGENCY OPERATION CENTERS

Baylor-Uganda supported the National Public Health Emergency Operations Center (NPHEOC) of the Ministry of Health to carry the function of coordinating and communicating the multisectoral

efforts to preparation and response to public health events. The NPHEOC was also supported in its role of monitoring and scanning the environment for public health threats and in capacity building of the fourteen regional emergency operation centers. Such monitoring and scanning was done using the eIDSR and ODK.

Source: eIDSR System

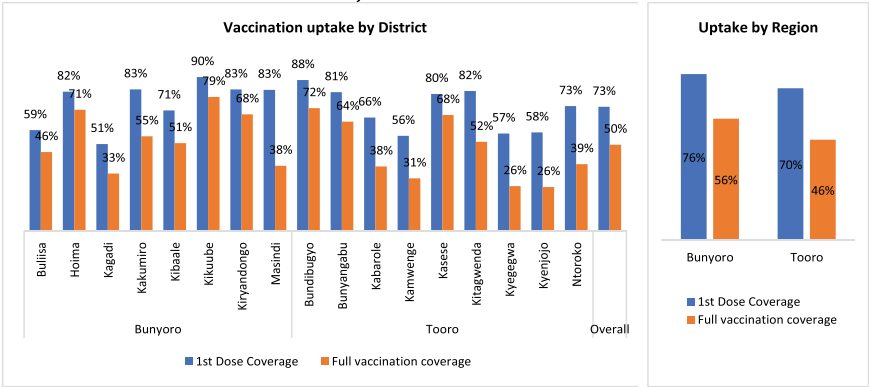


Enhancing COVID-19 vaccination Efforts

Supported the accelerated mass vaccination campaign (AMVC) in facilitating district planning for vaccination, community mobilization efforts, data management and analysis, distribution and re-distribution of vaccine.

The distribution and redistribution of vaccines to static and outreach sites and mobilization for vaccination in management and minimising vaccine expiry. Over 70,000 doses of Moderna vaccine that was at the risk of expiry by December 16, 2021, and 20, 400 doses of Astra Zenecca vaccines were distributed and utilized.

Table 3: COVID-19 vaccination status as of June 2022



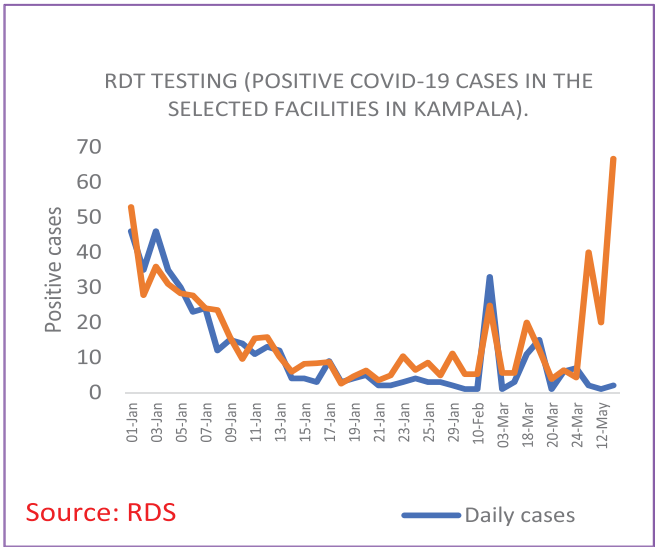
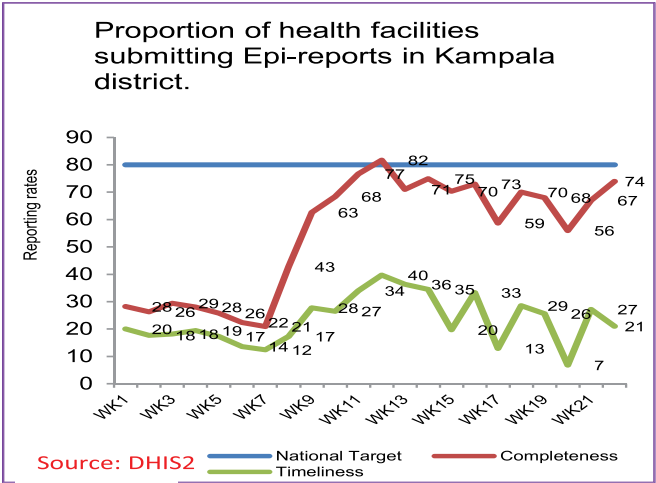
Emergency Medical Services (EMS) for COVID-19 patients

Over the past year, the Ministry of Health under the Emergency Medical Services (EMS) department and other collaborating partners worked to enhance the capacity of EMS services through regional case management training focusing on emergency care of severe and critical COVID-19 patients to avert death and disability. To develop a finer model for EMS implementation, Baylor-Uganda together with a volunteer doctor from the US embassy Dr Ma Marek, and MOH conducted a rapid assessment of EMS rollout to identify gaps and develop newer approaches to implement. The assessment was followed by training of 538 health workers from 159 health facilities from three regions (Soroti, Bunyoro and Rwenzori).

Region	District	HF	HCW	
Bunyoro	Buliisa	5	19	 Practical administration of oxygen session, Hoima district
Bunyoro	Kakumiro	5	20	
Bunyoro	Kagadi	6	20	
Bunyoro	Kibale	6	17	
Bunyoro	Kiryandongo	5	18	
Bunyoro	Masindi	5	18	
Bunyoro	Kikube	5	23	
Bunyoro	Hoima City	5	18	
Bunyoro	Hoima	8	21	
Rwenzori	Bundibugyo	6	20	 EMS participants in a session, Ntoroko district
Rwenzori	Bunyangabu	5	21	
Rwenzori	Fort Portal City	6	19	
Rwenzori	Kabarole	6	17	
Rwenzori	Kamwenge	7	18	
Rwenzori	Kasese	5	20	
Rwenzori	Kitagwenda	7	20	
Rwenzori	Kyenjojo	6	20	
Rwenzori	Ntoroko	5	21	
Soroti	Ngora	5	21	 The national trainer illustrating donning and doffing to participants
Soroti	Amuria	5	20	
Soroti	Kapelebyong	5	10	
Soroti	Bukedea	5	26	
Soroti	Serere	7	26	
Soroti	Soroti	6	20	
Soroti	Katakwi	7	20	
Soroti	Kalaki	8	25	
Soroti	Kaberaido	8	20	
Total		159	538	

STRENGTHENING LINKAGES BETWEEN COVID-19 TESTING, SURVEILLANCE AND HOME-BASED CARE TO SUPPORT THE CONTAINMENT OF COVID-19 IN KCCA

Under the GIZ project, Baylor-Uganda worked with Kampala Capital City Authority (KCCA) and the city divisions to strengthening: capacity of surveillance systems; COVID-19 laboratory data management, reporting and use; and enhanced community systems and engagement for prevention and control of COVID-19. The project supported surveillance reporting through HMIS033b into the DHIS2 COVID-19 results reporting through RDS and e-LIF, as shown below.



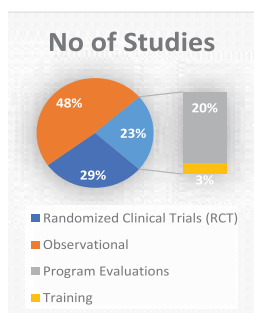
RESEARCH AND KNOWLEDGE MANAGEMENT



RESEARCH OVERVIEW

The research directorate's agenda is to generate knowledge that will inform health policy, improve programs and save lives globally and locally. We conduct ethical research that is globally relevant and locally responsive through clinical trials, observational studies, and operational studies to enhance understanding of the epidemiology of poor health conditions and programs whose results will ultimately inform policy. We have built local research infrastructure with the capacity to do vaccine studies; carry out research in clinical infectious disease, epidemiology, and cancer; and enhanced the critical mass of skilled researchers, particularly young scientists, through established training. The research portfolio includes but is not limited to mortality surveillance, PrEP adherence among adolescents and youth, TB, Pharmacokinetics, KP/PP, HIV & NCDs, Cancer, Genetics, HIV care, treatment, and Prevention of HIV and COVID-19.

RESEARCH OUTPUT



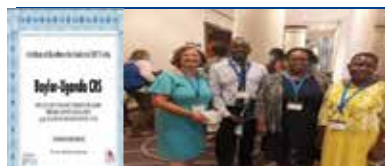
By June 2022, there were 34 active studies on site (Fig 1). Significantly, two clinical trials have contributed to policy locally and internationally. The Odyssey trial showed that twice-daily dolutegravir is safe and sufficient to overcome the rifampicin enzyme-inducing effect in children, and provides a practical ART option for children with HIV-associated TB. In addition, the adult dolutegravir 50 mg film-coated tablets given once daily provides appropriate pharmacokinetic profiles in children weighing 20 kg or more, with no safety signal, allowing simplified practical dosing and rapid access to dolutegravir. These results informed the WHO 2019 dolutegravir paediatric dosing guidelines and have led to the US Food and Drug Administration (FDA) approval of adult dosing down to 20 kg.

The HPTN 084 study evaluating the safety and efficacy of the long-acting injectable agent cabotegravir (CAB LA) compared to daily oral tenofovir

disoproxil fumarate/emtricitabine (TDF/FTC) for pre-exposure prophylaxis (PrEP) in HIV-uninfected women showed that both products for HIV prevention were generally safe, well tolerated, and effective. However, Cabotegravir was superior to TDF/FTC in preventing HIV infection in women. Consequently, Cabotegravir was approved on 20th December 2021 by the FDA as a long-acting cabotegravir injection (CAB LA shots) to prevent HIV in adults and adolescents (youths), to

reduce the risk of sexually acquired HIV who are at risk for HIV.

For a synopsis of the all studies, visit <https://www.baylor-uganda.org/baylor-research/> and publications can be accessed at <https://www.baylor-uganda.org/publications/>.



The HPTN 084 Site PI and team at the Annual HPTN meeting where the site was recognized in Gratitude on 06 June 2022 for having best data query

Collaborative Research Partners

Baylor-Uganda is an agile institution that conducts research in a collaborative manner with about 20 local and international partners. Consequently, we have seen growth in the research portfolio of increased research studies and more capacity built for Baylor-Uganda staff as committee members on different networks/scientific communities as follows: Dr Adeodata R. Kekitiinwa- member of ACTG Cure committee, Dr. Violet Korutaru- member of HANC Site Coordinator Working group & SCORE Champion, Dr. Victoria Ndyabangi- member of HPTN Scholars committee (2022-2023), Dr. Rogers Sekabira- member of HPTN Scholars committee (2021-2022), Dr. Peter J. Elyanu- In country lead for CoVPN 3008, Dr Pauline Amuge- member on the paediatric TB national coordination committee, member of the national TB & Leprosy eCBSS, member of the WHO paediatric ART working group / Child and adolescent TB committee, Dr George Akabwai- member of trial management group for Breather plus study, Cissy Ssuuna- member of HPTN Community Working group, Gerald Agaba Muzorah - Voting member of ACTG/

IMPAACT Lab committee, Annet Nalugo- Non-voting member of ACTG / IMPAACT Lab committee, Dorothy B. Nansikombi- member of IMPAACT eCRF development and review committee, Aisha Nakitto-member on ICAB LG scientific committee, Ibrahim Kibalama: Community scientific Subcommittee (CSS) member for ACTG and Scovia Aseru: Co-chair for ACTG CSS & Represents CSS on Protocol study A5410.

CAPACITY BUILDING FOR RESEARCH

Baylor-Uganda made history as the first international site to have two scholars. Dr. Victoria Ndyabangi was selected as the Division of AIDS (DAIDS) HIV Prevention Trials Network (HPTN) Scholar for 2022-2023.

Baylor-Uganda is leading the capacity building through the Universal project to improve young investigators' ability to conduct clinical trials, learn regulatory skills, and access affordable research training and publication of their research findings. By 30th June 2022, the project had completed the research training needs assessment on capacity-building needs, CIPHER fellowship selections for West African countries scientific writing webinars by JIAS, placement of one Baylor-Uganda Laboratory staff at JCRC lab in preparation for Baylor COE lab international accreditation and development of the trial management module. This project offered research support to selected master students in Pharmacology and Paediatrics (US \$3,500 each) and supported training for local monitors.

Partner institutions have visited Baylor-Uganda for learning purposes on document management and others such as the JCRC Research team led by Dr. Rachel Kyeyune Bakayita for electronic systems on managing regulatory documents (a paperless system) on 11th May 2022. Severally, regulatory

bodies and sponsor monitors have applauded the ease of navigating the e-regulatory system and recommended Baylor-Uganda as a learning site for other sites.

Community Advisory Boards (CAB)

The DAIDS -approved research pharmacy is in the process of purchasing a second chemosphere. This is to facilitate the conduct of research on the protocol required preparation of injectable ART and vaccines. The Baylor-Uganda Pharmacy continues to be a learning hub for other institutions.

Community Advisory Boards (CAB)



Figure 3 Community advisory board engaging the study team and participants

The CAB educates and dialogues with communities of interest about new and on-going studies at Baylor Uganda to address barriers and enablers for recruitment in the community. The CAB actively engages stakeholders in Key population/ Priority populations to inform them about the new research findings in PrEP- HPTN 084 and initiation of the Open Label arm of the study (HPTN 084 OLE).address barriers and enablers for recruitment in the community. The CAB actively engages stakeholders in Key population/ Priority populations to inform them about the new research findings in PrEP- HPTN 084 and initiation of the Open Label arm of the study (HPTN 084 OLE).

HUMAN RESOURCES

Staffing:

The HR directorate is responsible for translating organizational strategy into an aligned HR strategy, providing oversight on development and procedures, managing people risk, providing guidance and interpretation of HR policies, championing change initiatives and; providing leadership in building a positive work environment so as to harness the collective potential and abilities of all Baylor people and achieve Baylor Uganda's goals.

Staffing overview

Total head count at end of the year was 498 full time staff. This is a 28% increment from the previous year. This increment is mainly attributed to the additional projects acquired in the course of the year.

Gender diversity was at 37% female and 63% male overall and 44% female and 56% male at senior management level.



Executive transition:

A new Executive Director, Dr Dithan Kiragga, was successfully recruited and onboarded during the year.

HR policies review

The HR manual was revised and approved by the Board during the year. The new manual aligns the existing HR practices to the organizational strategy and incorporates best practices so as to enable Baylor Uganda attract and retain the most suitable talent.

Professional development, talent development and learning.

Continued leadership development initiatives were implemented through the middle management development programme and the Board/Senior management development programme. The development programmes equipped Board and senior management with skills in leadership, technology and managing workspace in a Volatile, Uncertain, Complex and Ambiguous (VUCA) environment. Middle management development programme built capacity of the extended senior management team and middle managers in coaching and mentoring for effective team supervision and development. A total of 57 staff development initiatives were planned for the year. 46 of these (80%) were successfully implemented. Continued professional development sessions were conducted at all regional offices on a weekly basis.

Staff recognition

Annual and semi-annual staff recognition events were held in the year. Recognition covered 7 (quality improvement, programme execution, operation efficiency, leadership spirit, innovations and foresight, change management and customer care) categories that were considered by management as critical to inculcate the desired behaviours within the workforce.

Staff benefits enhancement

Baylor Uganda introduced life insurance scheme in addition to the group life assurance for staff. The scheme ensures all Baylor staff are fully covered for critical illnesses that were not covered under the medical scheme and that a staff's family will be well taken care of in the unfortunate event of demise of a staff member.

Human Resources for Health

Total HRH headcount stood at 1619. 15 out of 119 (13%) established staff were absorbed by respective district service in the 3 regions of Mbale, Bunyoro and Rwenzori. The increasing absorption rates demonstrates progress in the health systems strengthening by recruiting and mentoring staff.

Success story

Kindness changes lives!

In one of the Key Population (KP) call centre marketing trips last year, the call centre KP Counsellor visited a hotspot in Kyegegwa district and while conducting health education talks about PrEP and PEP as well as sexually transmitted infections (STIs) with the commercial sex workers, one of the girls suddenly stood up and requested to talk to the counsellor in private.

With tears welling up in her eyes, Sharon(not real name), as we later came to learn, a commercial sex worker aged 19 years walked outside the room and stood under the mango tree that was in the compound. The counsellor followed her and before she could ask anything, Sharon quickly held her hand and requested to be examined in her private parts because she was afraid they were rotting.

Sharon told the counsellor that it was not her choice to be a commercial sex worker but one of her neighbour's in the village had lied that she had got her a job. She found herself in a brothel and now had contracted a terrible STI which she kept secret for fear of being stigmatized by her peers and also the thought of losing her clients was terrifying. Her condition was increasingly becoming worse that she had to clean herself every after 20 minutes lest the odour from her body drives the clients away.

After screening her for STIs, Sharon was eligible for STI management but it was very unfortunate that the drugs were not readily available and so the counsellor took her to the Health facility. She was taken to Kakabara H/C 3 and handed over to the KP focal person for further management.

In about a week, the call centre counsellor followed up with a call to see how Sharon was fairing and in about two weeks, Sharon called the helpline at around 8:00pm to thank the lady who had run to her rescue; "I want to thank the Musawo who hurriedly attended to me, May God bless her for she was so kind to me, am now very ok" She happily exclaimed.

The call centre kept in touch for continued support towards behavioural change and when we recently followed up, Sharon had left the hotspot for a livelihood skill back home in Bushenyi district.

Major achievements this year

Customer Relationship Management tool upgrade, there is a lot that the system can perform and most of the variables needed for report writing in the call center have been updated for example, after working hours, the system is able to record offline call conversations and the caller line identity which enables the team to re-listen to client's conversation, enter notes and even call back clients in case of any call calibrations.

Future Plan

There is need for extensive marketing of the helpline across the country in order to revive the number of calls from health workers. This will only be possible if funds are secured for call center promotion. It would be of profound benefit for the call center to have a doctor attached to the unit. This will be very motivating especially when it comes to calling back old callers and reminding them of the toll free line knowing there is someone readily available to attend to the calls without waiting in queue. The call center team is optimistic about the year ahead and is ready to seize every opportunity available to increase utilization of the toll free as we work towards a healthy and fulfilled life for every HIV infected and affected child and their family in Africa.

FINANCIAL PERFORMANCE FOR THE YEAR 2021/2022



Financial report FY 2021/2022

In FY 2021/2022, Baylor Uganda received grant income of UGX 120.6BN (excluding donations in kind) of the secured funding of UGX 131.9BN against a budget of UGX 137.2BN; 91.4% of budget realisation.

95% of Baylor Uganda income is received in advance; whilst 5% 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 119.4BN, compared to UGX 91BN in the previous year which is a 23.8% increase. This relates to new grants obtained in the year e.g. USAID for Local Partner Health Services- Eastern Project (LPHS-E); FHI 360 for the CoVPN study; GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH) for the KCCA project, among other smaller studies and projects.

Drugs and Other Donations received was UGX 21.3 BN compared to UGX 15.3 BN in the previous year (28% increment). This is in line with new projects in the year and increased program activities. Revenue from contractors with customers was UGX 2.1 BN compared to UGX 1.2 BN in FY 2020/21; a

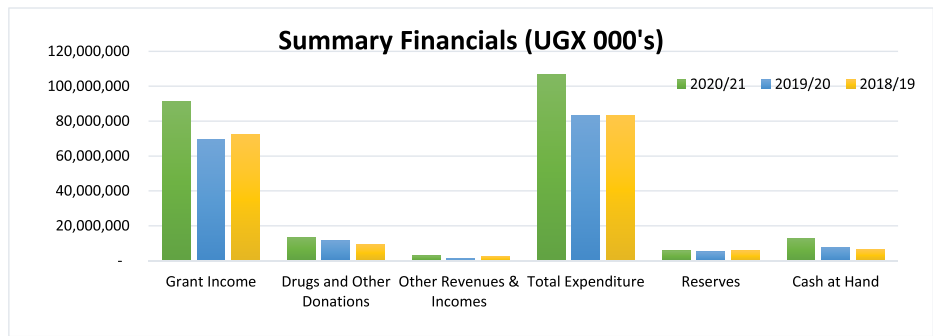
40% increment. Revenue from customers include internal project recharges for overhead recovery, car pool recharges, project facility charge for use of COE building and lab test charges to projects. The increase related to overhead recoveries from projects mainly USAID.

Other income generated was UGX 3.4 BN compared to UGX 1.6 BN last year; a 52% increment. This is mainly due to foreign exchange gains of UGX 3BN compared to UGX 844M last year.

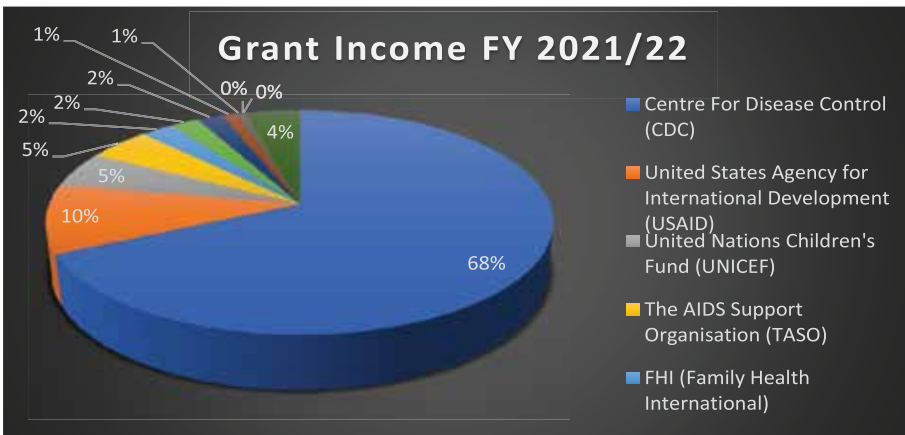
Expenditure in FY 2021/22 of UGX 141.8BN was mainly driven by staff costs (UGX 50BN), medical supplies and patient care (UGX 26BN), program costs (UGX 36BN) and administrative costs (UGX 32.5BN). This is in line with the increased grants and programs.

On the balance sheet; assets increased by 28% in FY 2021/22 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.

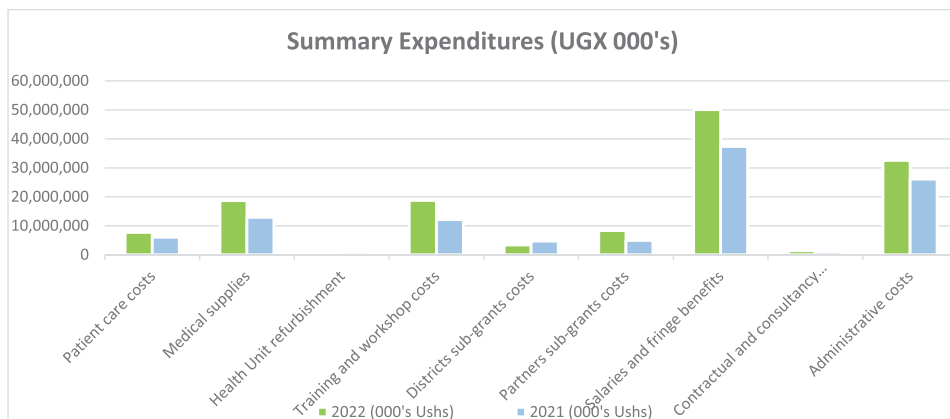
Trend Analysis of Key Financial Performance Indicators:



Baylor Uganda income and reserves have grown steadily over the period in line with its programming base. CDC remains the biggest funder contributing 68% of the grant income, although this is a reduction from last year (71%). New funder USAID now contributes 10% of the grant income.



Summary of Expenditure per cost category:



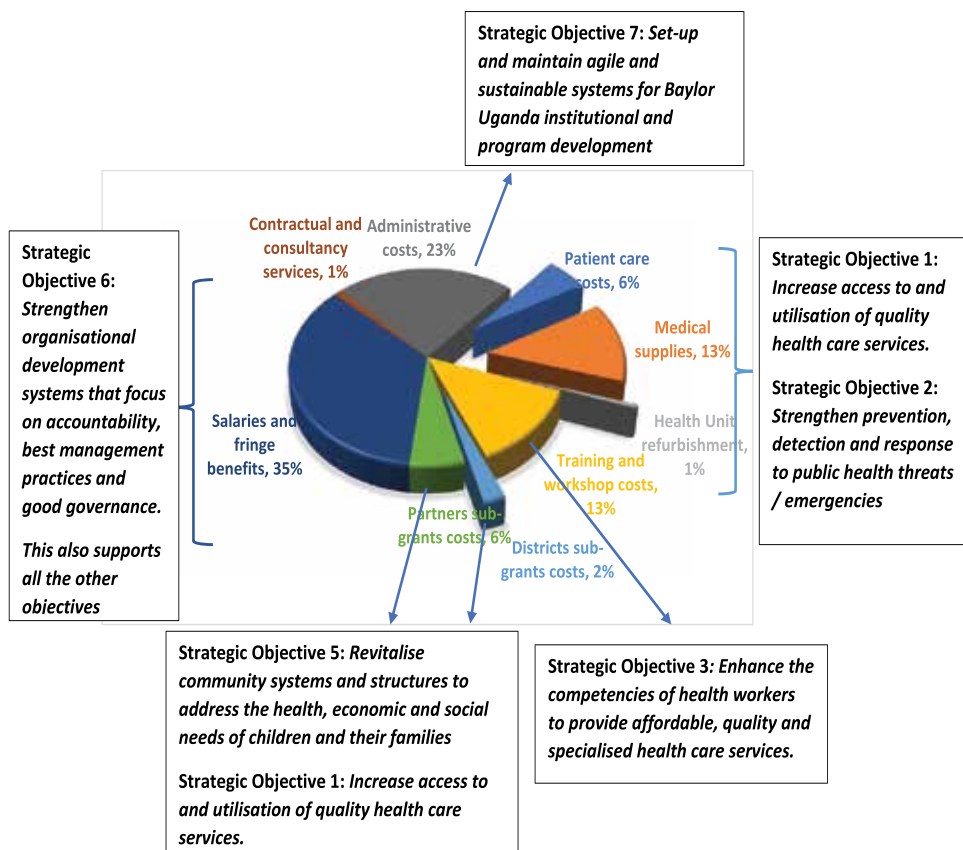
VALUE ADDED STATEMENT

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	2021/2022 (000's Ushs)	2020/2021 (000's Ushs)
Grant Income	119,472,560	91,015,061
Drugs and Other Donations	17,552,734	13,239,289
Other Revenues & Incomes	5,609,548	2,942,951
Wealth generated	142,634,842	107,197,301
Distribution of Wealth		
Patient care costs	(7,752,771)	(6,096,247)
Medical supplies	(18,689,264)	(12,962,645)
Health Unit refurbishment	(907,794)	(1,025,909)
Training and workshop costs	(18,801,576)	(12,156,622)
Districts sub-grants costs	(3,349,569)	(4,692,370)
Partners sub-grants costs	(8,345,134)	(4,989,753)
Salaries and fringe benefits	(50,055,856)	(37,375,172)
Contractual and consultancy services	(1,423,104)	(1,073,793)
		(26,122,601)
Administrative costs	(32,545,406)	
Income Taxes	7,640	(118,528)
Wealth distributed	(141,863,014)	(106,613,641)
Surplus / (Deficit)	771,828	583,660

Graph Showing Proportional Expenditure per area:



BUDGET PERFORMANCE

In FY 2021/2022, Baylor Uganda had an annual budget of UGX 137.1 BN to run its operations and meet its strategic objectives. As at 30th June 2022, UGX 131.8 BN was secured funds against this budget (96%).

Secured Funding Per Project as at 30th June 2022

Baylor Uganda funding straddles different years depending on the start of the project or the funder's fiscal years. The secured funding in FY 2021/2022 has therefore been pro-rated to consider the project period versus Baylor Uganda's reporting period. Expenditure against budget is on a cash basis; the overall burn rate for FY 2021/2022 was 87%. The low burn rate is mainly due to COVID 19 effects in the first half of the year especially travel restrictions, and delayed procurements for vehicles which is an international dilemma.

Funders & Projects	Annual Budget (July21 - June 22) UGX	Secured Funding (July21 - June 22) UGX	%age Funding Realize d	Spend (July21- June 22) UGX	Burn Rate (%) against secured funding
OE Core	353,696	647,834	183%	394,624	39%
BIPAI	11,972	16,897	141%	15,423	9%
CDC ACE-Fort	11,566,267	11,791,056	102%	(471,017)	104%
JHU (DAIDS Studies)	634,196	1,044,635	165%	1,433	100%
KHIV - IDI	851,571	729,305	86%	20,325	97%
ELMA Foundation - PHO	263,269	263,269	100%	123,804	53%
ODYESSY Study	184,242	182,240	99%	13,013	93%
ELMA Foundation -UB	366,607	363,976	99%	32,107	91%
Baylor Botswana - CafGEN	81,560	81,080	99%	9,582	88%
TASO Global Fund	1,463,121	1,528,206	104%	21,112	99%
UNICEF	1,740,464	1,565,863	90%	(128,337)	108%
Breather Plus	193,249	192,832	100%	76,604	60%
LSDA-UPMB	177,900	243,745	137%	40,979	83%
ACE Bunyoro	8,702,086	8,161,796	94%	334,525	96%
Global Health Security	5,249,861	3,155,808	60%	(42,274)	101%
RHITES - E	56,273	60,000	107%	2,926	95%
USAID-LPHS-E	4,616,489	4,162,522	90%	871,115	79%
CoVPN - NIH	2,143,625	2,143,625	100%	1,796,381	16%
WHO Contact Tracing + CBDS	75,000	113,570	151%	55,543	59%
Texas Children's Hospital	-	231,634	100%	120,237	22%
UP-ART	154,618	154,618	100%	365	100%
NOD Study	136,558	136,558	100%	(4,459)	102%
GIZ		47,519	100%	36,510	23%
URMCHIP		118,890	100%	53,641	55%
PENTA		166,991	100%	165,746	1%
Small projects -Others	171,116	368,038	215%	30,213	92%
TOTAL	137,178,084,322	131,896,569,269	96%	119,401,147,075	91%

Condensed financial statements for the year ended 30th June, 2022

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE YEAR ENDED 30 JUNE 2022

The Companies Act, 2012 of Uganda 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, 2012 of Uganda. 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 10th October 2022 and were signed on its behalf by:



Chairman Board of Directors



Executive Director

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS 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 2022, 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 2022 and of its financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standards and the requirements of the Companies Act, 2012 of Uganda.

Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities 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 International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code.

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. The other information comprises Company information, the directors' report as required by the Companies Act, 2012 of Uganda and the statement of directors' responsibilities. 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 an audit opinion or 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, 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 and fair presentation of the financial statements in accordance with the International Financial Reporting Standards and the requirements of the Companies Act, 2012 of Uganda, 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 the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

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 judgement and maintain professional scepticism 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.

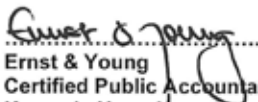
We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

REPORT ON OTHER LEGAL REQUIREMENTS

As required by the Companies Act, 2012 of Uganda, we report to you based on our audit, that:

- (i) 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;
- (ii) in our opinion, proper books of account have been kept by the Company so far as appears from our examination of those books; and
- (iii) 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 Geoffrey Byamugisha -P0231


Ernst & Young
Certified Public Accountant of Uganda
Kampala Uganda


CPA Geoffrey Byamugisha
Partner

19 October 2022

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 Ushs '000	2021 Ushs '000
INCOME			
Grant Income	4(a)	137,025,294	104,254,350
Revenue from contracts with customers	4(b)	2,115,394	1,269,350
Other Income	4(c)	<u>3,494,154</u>	<u>1,673,601</u>
		<u>142,634,842</u>	<u>107,197,301</u>
EXPENDITURE			
Medical supplies and patients care costs	5	(26,442,035)	(19,058,893)
Program costs	6	(31,404,073)	(22,864,654)
Staff costs	7	(50,055,856)	(37,375,172)
Contractual and consultancy services	8	(1,423,104)	(1,073,793)
Administrative costs	9	<u>(32,545,406)</u>	<u>(26,122,601)</u>
		<u>(141,870,474)</u>	<u>(106,495,113)</u>
Surplus before tax	10	<u>764,368</u>	<u>702,188</u>
Income tax credit/(charge)	11(a)	<u>7,460</u>	<u>(118,528)</u>
Surplus for the year		<u>771,828</u>	<u>583,660</u>
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		<u>771,828</u>	<u>583,660</u>

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2022

	Notes	2022 Ushs '000	2021 Ushs '000
ASSETS			
Non-current assets			
Property and equipment	12	7,027,462	6,229,695
Intangible assets	13	<u>173,900</u>	<u>83,721</u>
		<u>7,201,362</u>	<u>6,313,416</u>
Current assets			
Inventories	14	5,977,789	3,842,856
Current income tax recoverable	11(b)	22,404	
Receivables and prepayments	15	7,806,475	4,978,590
Financial assets at amortised cost	16	1,126,046	803,706
Cash and bank	17	<u>17,760,088</u>	<u>12,779,787</u>
		<u>32,692,802</u>	<u>22,404,939</u>
Total assets		<u>39,894,164</u>	<u>28,718,355</u>
RESERVES AND LIABILITIES			
Reserves			
Accumulated surplus		<u>6,346,588</u>	<u>5,574,760</u>
		<u>6,346,588</u>	<u>5,574,760</u>
LIABILITIES			
Non-current liabilities			
Grant liability: noncurrent portion	19	<u>7,055,589</u>	<u>6,313,416</u>
		<u>7,055,589</u>	<u>6,313,416</u>
Current liabilities			
Trade and other payables	18(a)	6,312,111	3,583,332
Provisions	18(b)	1,277,598	1,073,508
Grant liability: current portion	19	<u>18,902,278</u>	<u>12,173,339</u>
		<u>26,491,987</u>	<u>16,830,179</u>
Total reserves and Liabilities		<u>39,894,164</u>	<u>28,718,355</u>

The financial statements on pages 7 to 36 were approved by the board of directors on 10 October 2022 and were signed on its behalf by:


 Director


 Director

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED 30 JUNE 2022

Accumulated Funds

At 1 July, 2020	Ushs '000
Total comprehensive income for the year	4,991,100
At 30 June, 2021	<u>583,660</u>
	5,574,760
At 1 July, 2021	5,574,760
Total comprehensive income for the year	<u>771,828</u>
At 30 June, 2022	6,346,588

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION – UGANDA
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 Ushs '000	2021 Ushs '000
CASHFLOW FROM OPERATING ACTIVITIES			
Surplus for the year		771,828	583,660
Adjustments for:			
Depreciation	12	1,131,861	1,052,008
Amortisation	13	50,431	77,621
Amortisation of grant liability	19	(129,375,182)	(103,271,465)
Unrealised foreign exchange gains	4(c)(i)	(88,393)	(542)
(Decrease)/increase in impairment allowance for advances	9	(247,376)	305,046
Increase in provisions	18(b)	204,090	353,529
Loss on disposal of assets	9	247,954	132,948
Net cash outflows before working capital changes		(127,304,787)	(100,767,195)
Changes in working capital			
Increase in inventories		(2,134,933)	(844,345)
Grant liability movement related to inventories	19	21,319,002	15,304,118
Increase in receivables and prepayments		(2,492,118)	(1,561,653)
Increase in payables and accrued expenses		2,721,320	(2,791,897)
Decrease in provisions		-	(28,082)
		(107,891,516)	(90,689,054)
Tax paid	11(b)	(14,944)	(118,528)
Net cash used in operating activities		(107,906,460)	(90,807,582)
CASHFLOW FROM INVESTING ACTIVITIES			
Payment for acquisition of property and equipment	12	(2,177,581)	(1,580,238)
Payment for acquisition of intangibles	13	(140,610)	-
Net cash used in investing activities		(2,318,191)	(1,580,238)
CASHFLOW FROM FINANCING ACTIVITIES			
Cash receipts from grants	19	115,527,292	94,237,975
Net cash from financing activities		115,527,292	94,237,975
Increase in cash and cash equivalents		5,302,641	1,850,155
Cash and cash equivalents at 1 July		13,583,493	11,733,338
CASH AND CASH EQUIVALENTS AT 30 JUNE		18,886,134	13,583,493
REPRESENTED BY:			
Cash and Bank	17	17,760,088	12,779,787
Financial assets at amortised cost	16	1,126,046	803,706
CASH AND CASH EQUIVALENTS		18,886,134	13,583,493



Excellent Financial Reporting Awards



INTERNAL AUDIT AND RISK MANAGEMENT

INTERNAL AUDIT AND RISK MANAGEMENT

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 and developed. c) We monitor the implementation of the remedial actions and provide a status report to the Board quarterly. d) Some hardware upgrades have been made, and solutions (such as Veeam backup, and Microsoft 365) procured to improve efficiency and IT security.	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 epidemic b) Shortage/ inadequate capacity of health care workers to handle and contain public health emergencies	a) We support the epidemic and flood Surveillance Taskforces in our operations areas as the implementing partner. b) We support building infrastructure for remote training and healthcare 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

Risk Category	Risk Description	Risk Drivers/ Sources	Risk Response	Results
				areas of our operation.
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 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 requirement in 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

BUSINESS EFFICIENCY AND EFFECTIVENESS



Business Process Efficiency and Effectiveness

Baylor College of Medicine Children's Foundation (Baylor-Uganda)'s expansive growth has necessitated the alignment of the Operations Directorate as a business partner towards the attainment of the 5 - year Baylor Uganda Strategic and Business Plan. The Directorate of Operations continues to support all programs collaboratively through effective and efficient provision of administration, procurement, stores management, logistics, ICT, and facilities management. This is an attribution to partnership and collaboration with line ministries, departments, and agencies, working closely with Mulago National Referral Hospital and directly with the respective district leadership (Chief Administrative Offices and District chairpersons).

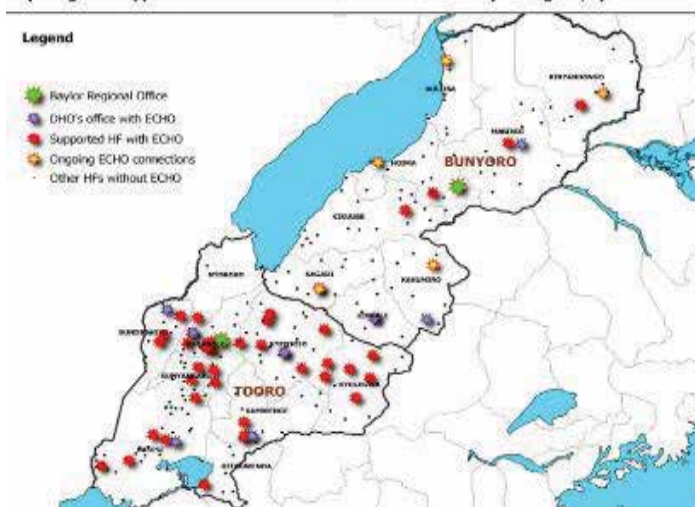
Establishing a safe, secure, and conducive working environment by identifying office premises for new projects has contributed to a quick start-up of the USAID-funded LPHS - E project in Mbale, enabling the accomplishment of program targets for COP 21. This has included mobilization and effective management of a fleet of vehicles that have supported field programs, mainly VMMC, thus contributing to the 95-95-95 UN - AIDS targets. Despite the challenges arising out of COVID-19, we have been able to procure goods and services to support the continuity of treatment. The increased costs have negatively impacted the budget, but we have been able to provide value-for-money goods and services.

ICT Innovation and Business process improvement

ICT has played a pivotal role as a business continuity enabler in implementing and executing program activities, especially during the heightened COVID -19 country-wide lockdown and after. With stable Internet connectivity, up-to-date cybersecurity and related controls, and establishing ECHO ZOOM and points of care at various health centers and district health offices, we have ensured real-time capacity building, mentorship, and program coordination.

ICT continues to cement collaboration with line ministries, departments, and agencies, including NITA-U, universities, internet service providers, and the Research Education Network (RENU) to extend internet connectivity across the Baylor Uganda regions and health facilities, including modifications to the Electronic Medical Records (EMR) and other supply chain management platforms, for business process automation and efficiency

Baylor Uganda Supported ECHO Zoom Connections In Tooro and Bunyoro Regions, April 2022



Stores management

The expansion in scope and size of Baylor Uganda programs created a high demand for an efficient inventory management system.

Well-stocked stores across different regions have enabled continuous availability of medicines and health supplies to support program activities across Baylor Uganda areas of Operations, despite space challenges.

Table illustrating Baylor Uganda Stock Turnover

Inventory Posting Group Name	As of 01/06/22	Increases (Receipts) (LCY)	Decreases (Issues) (LCY)	As of 10/31/22
Category	Value	Value	Value	Value
ARVS	861,171,536.9	3,463,203,452.1	2,914,702,604.9	1,409,672,384.1
LAB-REAGEN	1,563,020,734.2	4,102,091,121.4	5,030,173,507.6	634,938,348.1
MED SUPP	1,360,911,707.1	10,852,814,188.2	9,639,732,914.1	2,573,992,981.2
NON-ARVS	283,669,757.9	1,347,546,025.6	1,109,579,920.3	521,635,863.1
OTHER SUPP	1,594,026,881.8	6,725,145,642.6	6,290,513,533.1	2,028,658,991.4
STATIONARY	245,614,486.7	1,428,233,639.9	1,412,697,220.6	261,150,906.0
Total	5,908,415,104.6	27,919,034,069.8	26,397,399,700.5	7,430,049,473.9

Stores arrangements that have improved



Before



After

Facilities Management

In this reporting year we installed solar systems to ensure timely data capture and reporting for decision-making, refurbished ART clinic infrastructure and Adolescent centers. we Improved drop-in centers to facilitate the uptake of ART services and retention of clients. We renovated several laboratories, many of which received SANAS accreditation and refurbishing other infrastructure to provide maternal and child health services (Maternity, NICUs, and Theatres). We also supported communicable disease surveillance efforts under Global Health Security in establishment and maintenance of border screening structures at the border crossing points of DRC in Rwenzori region

Screening structure in Kayanzi in Kasese District



Kayanzi Point of Entry (Before and After)



Solar establishment at Ntara Health Center 4, Kitagwenda District solar equipment

BUSINESS DEVELOPMENT AND ORGANISATIONAL SUSTAINABILITY



BUSINESS DEVELOPMENT AND ORGANISATIONAL SUSTAINABILITY

The business development unit is premised on the need to diversify funding resources in order to drive Baylor-Uganda's strategic plan.

The business development unit is premised on the need to diversify funding resources in order to drive Baylor-Uganda's strategic plan.

Our vision and mission are:

Vision: A financially self-sustained and secure organization

Mission: To increase Baylor-Uganda's financial resource base through diversified donor base and self-generating income streams.

Purpose: To ensure institutional sustainability beyond donor funds.

During the year 2021-2022, Baylor-Uganda has reached several milestones which among others include;

Business Plan Review: The current Business plan expires at the end of 2023.

With financial support USAID, we have been able to start the review process for both the strategic plan & the revenue diversification plan. This support has enabled us to engage both internal and external stakeholders that are key in developing a quality plan by identifying strategic areas of focus for the new strategic planning period (2023-2028).

The revenue diversification plan will enable us increase capacity for institutional sustainability.

New Partnerships and Opportunities: During the year we had some new grants and extensions / enhancements of exiting grants. These included;

- I. Global Fund through TASO New Funding Model (NFM3) from March 2021 ending December 2023.
- II. UNICEF NEW Program Cooperative Agreement was signed which ended May 2022.
- III. Uganda Paediatric and Adolescent HIV Cohort on Antiretroviral Therapy (UP-ART), August 2021 to February 2022.

- IV. NIH CoVPN research study via FAMILY HEALTH INTERNATIONAL (FHI 360); 5-year grant from July 2021
- V. Differentiated delivery of tuberculosis preventive treatment (TPT); November 2021 to October 2023
- VI. NIH NOD study Via Makerere University College of Health sciences- Molecular & Microbiology lab; June 2021 to May 2022
- VII. USAID Local Partner Health Services- Eastern Activity (LPHS-E); 5-year grant from October 2021
- VIII. European and Developing Countries Clinical Trials Partnership (EDCTP) Via Penta: Expediting UNIVERSAL first- and second-line regimens for all children living with HIV in Africa; 5-year grant from January 2021
- IX. BACKUP HEALTH-GIZ; public health outreach programme with KCCA from December 2021 to 2023.
- X. Strengthening technical and management capacity of District Local Governments for Reproductive, Maternal, New-born, Child, Adolescent Health (RMNCAH), April 2021 to December 2022.



ED Baylor Uganda and ED ELMA Philanthropy shake hands

Prospects: This Financial year we responded to requests for applications (RFAs) and submitted



Abisa team Donates Laptops

proposals worth USD 37,193,853.

The unit has proactively worked hard to bring on board corporate organizations to partner and support our programs through their Corporate Social Responsibility programs. This is to enable us to expand and diversify the portfolio of Baylor Uganda sources of funding in line with our strategic plan and business development plan.

ABSA Bank Donation:

The Baylor-Uganda COE clinic is going paperless with all client's documents

secured in an electronic medical records system. The COE clinic introduced virtual counselling for relatively well clients who do not need to physically see doctors.

The virtual engagement with clients was introduced at the COE to allow doctors and counsellors work remotely with virtual private network access to the electronic medical records system.

To make the above possible, ABSA Bank supported the COE with 10 laptops for social workers and volunteers to complete patient information on community HIV medicines and tuberculosis drug deliveries before they travel to and on return from the field respectively.

In addition, this has enabled our clients get services conveniently without coming to the clinic physically, client data collected and entered real time and the clinic is less crowded which has contributed to clients adhering to their appointments.

SUCCESS STORY

Baylor Uganda secured its first full grant with USAID Local Partner Health Services- Eastern Activity(LPHS-E) to be implemented in the districts of Mbale, Tororo, Butaleja, Namisindwa, Manafwa, Pallisa, Kibuku, Butebo, Budaka, Kapchorwa, Sironko, Bududa, Bulambuli, Bukwo, and Kween. It is a 5 year programme totalling USD 19,193,853 over the 5 year period with an annual budget of USD 5.5m.

FUTURE PLANS

1. Continuous Engagement of stakeholders both in the corporate world and development partners to preposition Baylor Uganda.
2. Organize social fundraising events with major stake holders
3. Conduct an organization wide training in resource mobilization
4. Operationalize the reviewed Business plan

BAYLOR-UGANDA GRANTS PORTFOLIO FY 2021/22



Baylor Uganda - Grants FY 2021/22							
S.No	Name/ Title of Grant	Donor	Thematic Area/ prog area	Grant period	Amount US Dollars (\$)	Districts of operation	Current Year Amount US Dollars (\$)
1	Accelerating Epidemic Control in Fort Portal Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)- ACE FORT	Centres for Disease Control and Prevention (CDC)	HIV/TB program	01/10/2020 to 30/09/2021	11,829,337	Kabarole, Kyenjojo, Kyegegwa, Kamwenge, Kitagwenda, Bunyangabo, Kasese, Bundibugyo and Ntoroko	2,957,334
	Accelerating Epidemic Control in Fort Portal Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)- ACE FORT	Centres for Disease Control and Prevention (CDC)	HIV/TB program	01/10/2020 to 30/09/2022	11,778,296	Kabarole, Kyenjojo, Kyegegwa, Kamwenge, Kitagwenda, Bunyangabo, Kasese, Bundibugyo and Ntoroko	8,833,722
2	COLLABORATIVE AFRICAN GENOMICS NETWORK (CAFGEN)	National Institutes of Health(NIH) via Baylor Botswana	Clinical trial-Research	01/09/2020 to 31/08/2021	61,395	Kampala CoE	10,233
	COLLABORATIVE AFRICAN GENOMICS NETWORK (CAFGEN)	National Institutes of Health(NIH) via Baylor Botswana	Clinical trial-Research	01/09/2021 to 31/08/2022	85,017	Kampala CoE	70,848
3	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	129,565	Kampala- Baylor Clinical research site(CRS) at the COE	129,565
4	IMPAACT Salary PF	NIH via Johns Hopkins Univ	Clinical trial-Research	01/12/2020 to 01/11/2021	110,967		110,967

Baylor Uganda - Grants FY 2021/22							
S.No	Name/ Title of Grant	Donor	Thematic Area/prog area	Grant period	Amount US Dollars (\$)	Districts of operation	Current Year Amount US Dollars (\$)
6	HIV Preventions Trial Network (HPTN084)	FHI via JHU	Clinical trial-Re-search	01/12/2020 to 01/11/2021	740,938	Kampala- Baylor Clinical research site(CRS) at the COE	555,704
	ELMA Global Hope (PHO)	ELMA Philanthropies	Hematology-oncology research	01/07/2021 to 30/06/2022	263,269	Kampala- cancer institute and COE	263,269
	ELMA Pediatric & Adolescent HIV	ELMA Philanthropies	Paed and adolescent HIV program	01/07/2021 to 30/06/2022	363,976	Rwenzori Region	363,976
9	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 achievement of UNAIDS 90:90:90 targets (Kampala HIV)	CDC via Infectious Diseases Institute	HIV/TB program	01/10/2020 to 30/09/2021	877,219	Kampala-COE	219,305
	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 achievement of UNAIDS 90:90:90 targets (Kampala HIV)	CDC via Infectious Diseases Institute	HIV/TB program	01/10/2021 to 30/09/2022	680,000	Kampala-COE	510,000
10	ODYSSEY (PENTA 20): A randomised 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	189,929	Kampala CoE	31,655
	ODYSSEY (PENTA 20): A randomised 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	180,702	Kampala CoE	150,585
18	Pediatric HIV/AIDS & Infection-Related Malignancies Research Consortium for sub-Saharan Africa (PARCA-U54)	Baylor College of Medicine	Clinical trials-Re-search	01/10/2020 to 30/09/2021	115,643	Kampala-Cancer Institute and CoE	28,911
20	Local Service Delivery Activity-LSDA	USAID via UPMB	Paed and adolescent HIV/TB program	01/09/2020 to 30/08/2021	368,012	Countrywide	92,003
	Local Service Delivery Activity-LSDA	USAID via UPMB	Paed and adolescent HIV/TB program	01/10/2020 to 30/09/2022	202,322	Countrywide	151,742
21	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	6,131,019	Hoima, Masindi, Bulisa, Kiryandongo, Kibaale, Kaku-miro, Kikkube and Kagadi	1,532,755

Baylor Uganda - Grants FY 2021/22							
S.No	Name/ Title of Grant	Donor	Thematic Area/prog area	Grant period	Amount US Dollars (\$)	Districts of operation	Current Year Amount US Dollars (\$)
22	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	4,200,000	Kabarole, Kyenjojo, Kyegegwa, Kamwenge, Kitagwenda, Bunyangabo, Kasese, Bundibugyo, Ntoroko, Hoima, Masindi, Bulisa, Kiryandongo, Kibaale, Kakumiro, Kikkube and Kagadi	2,268,750
	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	1,127,744	Kabarole, Kyenjojo, Kyegegwa, Kamwenge, Kitagwenda, Bunyangabo, Kasese, Bundibugyo, Ntoroko, Hoima, Masindi, Bulisa, Kiryandongo, Kibaale, Kakumiro, Kikkube and Kagadi	845,808
23	Breather Plus	European and Developing Countries Clinical Trials Partnership (EDCTP)	Clinical trial-Research	01/01/2021 to 31/12/2021	192,832	Kampala CoE	192,832
24	USAID/Regional Health Integration to Enhance Services (RHITES- E)	USAID via Intra-Health	HIV/TB program	27/01/2021 to 30/09/2021	100,000	Budhaka	33,333
25	TASO Global Fund (Oct-Dec2018)	Global Fund via TASO	HIV/TB Program	10/03/2021 to 31/12/2023	4,085,830	Bundibugyo, Bunyangabu, Kabarole, Kamwenge, Kasese, Kitagwenda, Kyegegwa, Kyenjojo, Ntoroko, Bulisa, Hoima, Kagadi, Kakumiro, Kibaale, Kikuube, Kiryandongo, Masindi, Kassanda, Kayunga, Kiboga, Luwero, Kyankwanzsi, Mityana, Mubende, Nakaseke, Nakasongola	1,361,943
26	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	2,087,817	"HIV/AIDS: Bugweri, Iganga, Kamuli, Namayingo, Kasese, Hoima, Kikuube, Isingiro and Ntugamo MNH: Isingiro, Kyenjojo and Kasese Nutrition: Kamwenge, Kikuube, Kyegegwa and Isingiro Family connect: Bugweri, Iganga, Kamuli, Kasese, Kyenjojo, Isingiro, Rakai and Ntugamo DHSS: Bugweri, Iganga, Kamuli, Kyenjojo, Kasese, Hoima, Kikuube, Isingiro and Ntugamo"	1,565,863

Baylor Uganda - Grants FY 2021/22							
S.No	Name/ Title of Grant	Donor	Thematic Area/prog area	Grant period	Amount US Dollars (\$)	Districts of operation	Current Year Amount US Dollars (\$)
28	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	50,000	Kampala CoE	50,000
29	Strengthening Reporting and Contact Tracing and Follow up of Covid 19 in Uganda	World Health Organisation (WHO)	Public health emergency response	May 17, 2021 - July 31, 2021	174,723	Project area: 63 districts in 6 regions of Jinja, Masaka, Mbale, Moroto, Mubende and Soroti region	14,560
30	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	13,651	Kampala-CoE	9,101
31	Uganda Paediatric and Adolescent HIV Cohort on Antiretroviral Therapy (UP-ART)	UCL, WHO, CIPHER, & UNICEF	Implementation Science-Research	August 01, 2021 - Feb 28, 2022	154,618	Kampala (Sites include Mildmay, Hoims RFH, & Lira RFH)	154,618
32	Differentiated delivery of tuberculosis preventive treatment (TPT)	CIPHER	Implementation Science-Research	November 01, 2021 - October 31, 2023	149,391	Kampala	49,797
33	Multi-Center, Randomized, Efficacy Study of COVID-19 mRNA Vaccine in Regions with SARS-CoV-2 Variants of Concern (CoV-3008)	NIH via FAMILY HEALTH INTERNATIONAL (FHI 360)	Clinical trials-Research	July 15, 2021 - November 30, 2021	377,125	Kampala	377,125
34	CoV-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-3005)	NIH via FAMILY HEALTH INTERNATIONAL (FHI 360)	Clinical trials-Research	July 1, 2021 - November 30, 2021	1,766,500	Kampala	1,766,500
35	NOD study	NIH Via Makerere University College of Health sciences- Molecular & Microbiology lab	Clinical trials-Research	June 2021 - May 2022	136,558	Kampala	136,558
36	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	6,660,035	Mbale, Tororo, Butaleja, Namisindwa, Manafwa, Pallisa, Kibuku, Butebo, Budaka, Kapchorwa, Sironko, Bududa, Bulambuli, Bukwo, and Kween	5,550,029
37	Closing -TB GAPS - for people living with HIV: TB Guidance for Adaptable Patient-Centered Service	CDC via Baylor College of Medicine Texas	Clinical trials-Research	10/01/2021 - 09/29/2022	4,442	CoE	3,332

Baylor Uganda - Grants FY 2021/22							
S.No	Name/ Title of Grant	Donor	Thematic Area/prog area	Grant period	Amount US Dollars (\$)	Districts of operation	Current Year Amount US Dollars (\$)
39	BACKUP HEALTH-GIZ	GIZ	Public Health/ outreach project	01.12.2021 to 31.03.2023	108,614		47,519
40	Uganda Reproductive Maternal and Child Health Services Improvement (URMCHIP)	World Bank via Ministry of Health	Reproductive Maternal Adolescent and Child Health Services	28 Feb- 31 Dec 2022(10 Months)	297,224	Mid Western Uganda ()	118,890
41	"D3 : A randomised non-inferiority trial with nested PK to assess DTG/3TC fixed dose formulations for the maintenance of virological suppression in children with HIV infection aged 2 to <15 years old"	ViiV Health-care Via PENTA	Clinical trials-Re-search	Oct 2021-Sept 2024	819,097	CoE	166,991
42	HPTN International Scholar	HPTN via FHI	Scholar grant	01/06/2022-30/11/2023	186,480	CoE	15,540
					66,258,341		37,733,821

PUBLIC RELATIONS COMMUNICATION AND ADVOCACY



COMMUNICATIONS AND ADVOCACY DEPARTMENT

Baylor-Uganda Communications Department revise the communication policy during the year to align with the revised strategic plan 2021-2023.

THE COMMUNICATIONS STRATEGY

Baylor communications strategy has been structured/contextualised around four strands:

- A. Corporate Communications.
- B. Regional/Baylor Communications.
- C. Internal and International Relations/Donor/Diaspora Communications.
- D. General Communications.

Enshrined in there is the:

- 1) A rebuttal/crisis communications strategy
- 2) A social media strategy
- 3) A branding strategy
- 4) One core script

This reporting year we have streamlined communications coordination with a Manager at the center to mentor coordinate and provide technical supervision and performance oversight to the technical staff at the district. Our Social Media channels have been reactivated and we have now revamped and launched a new website; these links are shared below.

Mail: admin@baylor-uganda.org

LinkedIn: <https://linkedin.com/company/5078481/admin>

YouTube: [@BaylorUg](#)

Instagram. [bayloruganda](#)

Website: <http://baylor-uganda.org>



We revived the Baylor Mail Newsletter in Both Digital and Hard copy and two copies were produced and widely circulated

As part of the Advocacy, Baylor Continued to organise and engage in public advocacy events to continue growing the brand of Baylor Uganda as well contribute to Corporate social reasonability, some of which are highlighted in the pictures below. The empango run , the Omugo blood donations



The 19th Rotary Cancer Run at Kololo and other parts of Uganda

event and many others.

The NAPAC CALL CENTER (0800205555/0800305555)

The National Paediatric and Adolescent HIV/TB Call Center is a toll free consultation service for health workers and clients launched on 1st December 2015 on the International world AIDS day.

Services offered:

- Technical assistance to health workers on issues regarding HIV/AIDS/TB.
- Voluntary medical male circumcision follow ups
- HIV Self testing consultations
- Key population
- HPTN research studies
- ART Clinic patients at the Baylor-COE clinic.





www.baylor-uganda.org

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION-UGANDA

Who we are:

We are Baylor College of Medicine Children's Foundation Uganda!!

- We are a nationally recognised NGO founded 2006.
- Affiliated to Baylor International Paediatric AIDS Initiative(BIPAI), a network of Paediatric HIV Care and treatment Children's Clinical Centres of Excellence (COE), worldwide.

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

MISSION: To provide high-quality family-centered health care, education and research worldwide.



Where we work/ Capacity

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.



Region	Programs	Funders
Bunyoro	HRV, AGYR, GHS, WCHC	CDC, UNICEF, TASO-GF
Rwenzori	HRV, AGYR, GHS, WCHC	CDC, UNICEF, TASO-GF
Central & South Western	AGYR, TB, WCHC	UNICEF, TASO-GF
Eastern	HRV, TB	USAID
COE	Paediatric HIV/AIDS Orphan program, HRV Program, Research	PEPFAR, CDC/ELR, PMA, DAIDS

What we Do



WE DELIVER HIGH QUALITY FAMILY-CENTERED HIV CARE, MATERNAL AND CHILDHOOD CONDITIONS.

HEALTH PROFESSIONAL TRAINING AND CLINICAL RESEARCH



PREVENTION DETECTION AND RESPONSE TO PUBLIC HEALTH EMERGENCIES (GLOBAL HEALTH PROGRAMMING)

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