BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION- UGANDA

'Service Above and Beyond'

ANNUAL **REPORT**

JULY 2022-JUNE 2023

BIPAI Baylor International Pediatric AIDS Initiative

Texas Children's Hospital®

BCM Baylor College of Medicine

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION- UGANDA

The Baylor College of Medicine Children's Foundation Uganda (Baylor Foundation Uganda) headquarters and Center of Excellence at Mulago National Referral Hospital has the largest pediatric and adolescent HIV clinic in Uganda.

This integrated Annual Report showcases the efforts of Baylor Foundation Uganda in seven regions where it is accelerating the control of the HIV epidemic; strengthening maternal, newborn and child health, responding to epidemics in the country, as well as creating a robust research platform to influence national and international health policies. The report also highlights our achievements and challenges during implementation of these projects as well as the support functions that have strengthened the efforts of Baylor. Additionally, the report provides insight into the partnerships and collaborations that have been instrumental in achieving our goals, as well as the sustainability measures put in place to ensure long-term impact. Overall, this comprehensive report demonstrates Baylor Foundation Uganda's commitment to improving healthcare outcomes in Uganda through strategic initiatives and innovative approaches.

ACRONYMS

ABYM	Adolescent Boys and Young Men
ACE	Accelerating HIV Epidemic Control
AGYW	Adolescent Girls and Young Women
AHD	Advanced HIV Disease
AIDS	Acquired Immune Deficiency Syndrome
AMR	Anti-Microbial Resistance
ANC	Ante Natal Care
APN	Assisted Partner Notification
ART	Antiretroviral Therapy
ARV	Antiretroviral Vaccines
BCM	Baylor College of Medicine
BIPAI	Baylor International Paediatric AIDS Initiative
CAB	Community Advisory Board
CBO	Community-Based Organization
CCLAD	Community Client-Led ART Delivery
CDC	Centers for Diseases Control and Prevention
CDDP	Community Drug Distribution Points
COE	Center of Excellence
CoT	Continuity of Treatment
CPD	Continuous Professional Development
CPHL	Central Public Health Laboratories
CQI	Continuous Quality Improvement
CRPDDP	Community Retail Pharmacy Drug Distribution Point
CSO	Civil Society Organization
DAIDS	Division of AIDS
DHIS2	District Health Information Software 2
DHO	District Health Officer
DHT	District Health Team
DICO	Designated Infection Control Officer
DLG	District Local Government
DLP	District-Led Programming
DNDi	Drugs for Neglected Diseases initiative
DQA	Data Quality Assessment
DSDM	Differentiated Service Delivery Model
ECHO	Experience of Care and Health Outcomes
EDA	Exploratory Data Analysis
EDCTP	European and Developing Countries Clinical Trials Partnership
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
ELMA	The ELMA Philanthropies
EMR	Electronic Medical Record
EMTCT	Elimination of Mother-to-Child Transmission of HIV
EQA	External Quality Assessment
EU	European Union
EVD	Ebola Virus Disease
FBO	Faith-Based Organization
FP	Family Planning
FQIC	Fundamentals of Quality Improvement Course
FSW	Female Sex Worker
FY	Financial Year
GAVI	The Global Alliance for Vaccines and Immunization
GBV	Gender-Based Violence
GHS	Global Health Security
GIZ	Deutsche Gesellschaft für International Zusammenarbeit
MoGLSD	Ministry of Gender, Labor and Social Development
GOU	Government of Uganda
HC	Health Center
HF	Health Facility
HIV	human immunodeficiency virus
HIVST	HIV Self Testing
HMIS	Health Management Information System
HPTN	HIV Prevention Trials Network
HPV	Human Papillomavirus
HRH	Human Resources for Health
HRIS	Human Resources Information System
HSS	Health Systems Strengthening
HTS	HIV Testing Services
HVTN	HIV Vaccine Trials Network
IDRC	International Development Research Centre
IDSR	Integrated Disease Surveillance and Response
IHR	Integrated Human Resources
IPC	Infection Prevention and Control
JHU	Johns Hopkins University
JICA	Japan International Cooperation Agency
KP	Key Populations
LAM	Local Area Multiprocessor
LG	Local Government
LHIV	Living with HIV

LMIS	Logistics Management Information System
LPHSE	Local Partner Health Services-Eastern
LSDA	Local Service Delivery for HIV/AIDS
LSHTM	London School of Hygiene & Tropical Medicine
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRC	Medical Research Council
MTCT	Mother-to-Child Transmission
MUK	Makerere University
NAPAC	National Pediatric and Adolescent HIV and TB Call Center
NCD	Non-Communicable Diseases
NCU	Neonatal Care Unit
NDA	National Drug Authority
NEOC	National Emergency Operations Center
NFM3	New Funding Mechanism3
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
NIH	National Institutes of Health
NMS	National Medical Stores
OPD	Out-Patient Department
OVC	Orphans and Vulnerable Children
PoPCAB	Population Connectivity Across Borders
PEP	Post- Exposure Prophylaxis
PrEP	Pre- Exposure Prophylaxis
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PP	Priority Population
PSI	Population Services International
QA	Quality Assurance
QI	Quality Improvement
RASS	Real-time Stock Status
RBF	Results-Based Financing
RECO	Regional Quality Improvement Committee
REOC	Regional Emergency Operation Centre
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
RRH	Regional Referral Hospital
SDG	Sustainable Development Goal
SGBV	Sexual Gender-Based Violence
SMT	Senior Management Team
SUDV	Sudan Ebola Virus Disease
TA	Technical Assistance
TASO	The AIDS Support Organization
TAT	Turn-Around-Time
TB	Tuberculosis
TOT	Training of Trainers
TPT	Tuberculosis Preventive Treatment
UKAID	United Kingdom Agency for International Development
UNAIDS	United Nations Programme on HIV/AIDS
UNEPI	Uganda National Expanded Programme on Immunization
UNICEF	United Nations Children's Fund
UPHIA	Uganda Population-Based HIV Impact Assessment
URA	Uganda Revenue Authority
URMCHIP	Uganda Reproductive Maternal Child Health services Improvement Project
USAID	U.S. Agency for International Development
VHT	Village Health Team
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
VSLA	Village Savings and Loans Associations
WASH	Water, Sanitation and Health
WB	World Bank
WHO	World Health Organization
YAPS	Young Adolescent Program Support
YFPMVC	Yellow Fever Preventive Mass Vaccination Campaign

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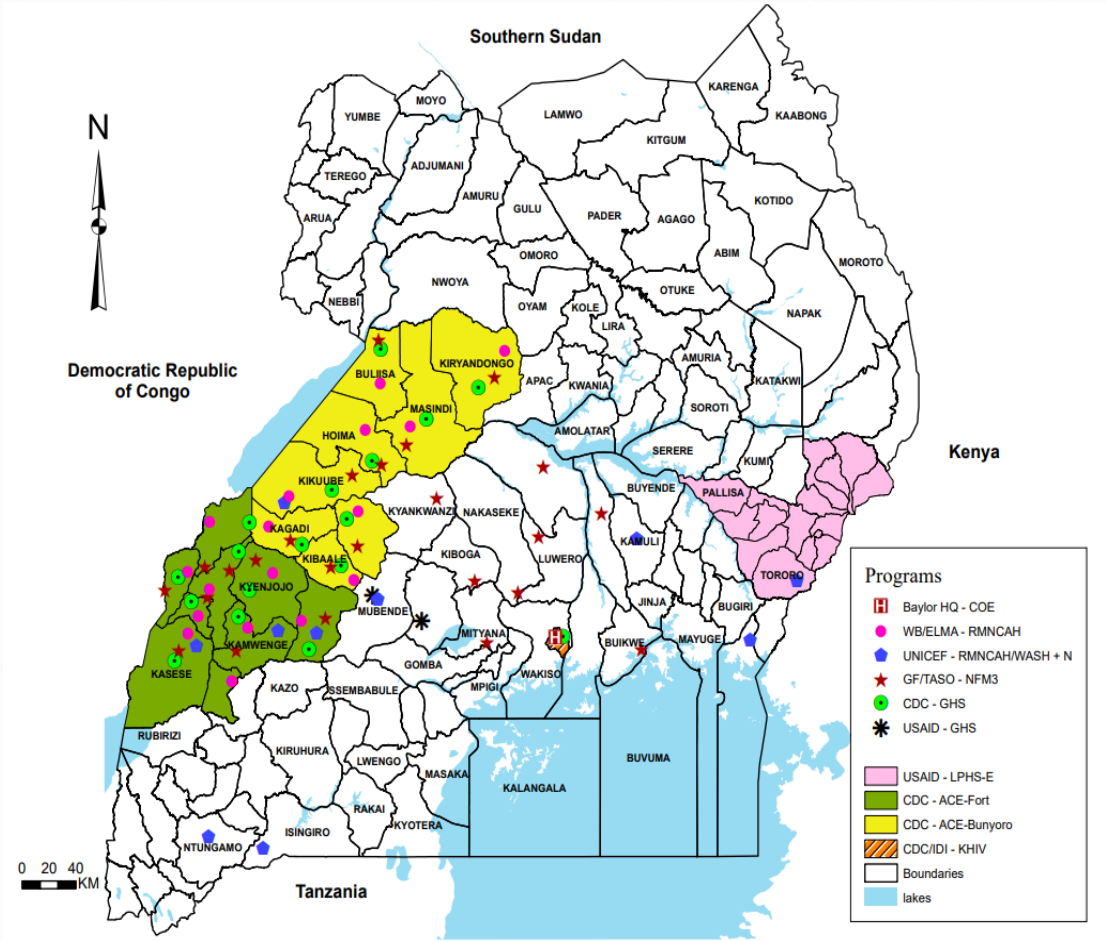
OUR SCOPE OF OPERATION



KAMPALA REGION – 3 DISTRICTS:
Baylor Foundation Uganda Headquarters, Paediatric and Adolescent HIV Clinical Centre of Excellence, Paediatric Cancer Centre, Clinical Research, and Global Health Security (GHS) serving Kampala City, Mukono, and Wakiso districts.

CENTRAL UGANDA – 10 DISTRICTS:
Community TB and HIV Prevention Program for Adolescent Girls and Young Women (AGYW) in 5 districts – Buikwe, Kiboga, Kyankwanzi, Nakasongola, and Nakaseke; TB prevention program in 5 districts of Kayunga, Luwero, Mityana, Mubende, and Kassanda; Ebola survivors' program in Mubende, and Kassanda; RMNCAH, Water, Sanitation and Hygiene (WASH) in Mubende.

RWENZORI REGION – 9 DISTRICTS AND FORT PORTAL CITY:
Comprehensive HIV and TB services; community TB prevention; Reproductive, Maternal, Neonatal, Child, and adolescent health (RMNCAH); and GHS services in Ntoroko, Bundibugyo, Kabarole, Bunyangabo, Kasese, Kyenjojo, Kyegegwa, Kamwenge, Kitagwenda and Fort portal City; Community HIV Prevention Program for AGYW in Ntoroko and Kasese; WASH programs in Kasese, Kamwenge and Kyegegwa; and Education in Kasese

BUNYORO REGION - 8 DISTRICTS AND HOIMA CITY:
Comprehensive HIV and TB services; community TB prevention; RMNCAH; and GHS services in Buliisa, Masindi, Kiryandongo, Hoima, Kikuube, Kagadi, Kibaale, Kakumiro, and Hoima City. Community HIV Prevention Program for AGYW in Buliisa and Hoima; WASH program in Kikuube.

ANKOLE REGION – 2 DISTRICTS:
RMNCAH and WASH programs in Isingiro and Ntungamo.

BUSOGA REGION – 2 DISTRICTS:
RMNCAH and WASH program in Kamuli and Namayingo; Education program in Kamuli

EASTERN REGION – 15 DISTRICTS AND MBALE CITY:
Comprehensive HIV services provision – Mbale, Manafwa, Namisindwa, Bududa, Sironko, Bulambuli, Kapchorwa, Kween, Bukwo, Tororo, Butaleja, Pallisa, Budaka, Kibuuku, Butebo and Mbale City; RMNCAH and WASH program in Tororo.

The love and passion of the Baylor Foundation Uganda staff continues to enable us to strive for excellence in improving healthcare outcomes in Uganda.

Dr Dithan kiragga with Mr. Richard Nelson, USAID/Uganda Mission Director and other dignitaries during the World Tuberculosis Day celebrations in Uganda.

FY 2022/23 AT A GLANCE

631

Health facilities (HFs) supported to provide quality health care in 47 districts and 4 cities.

392

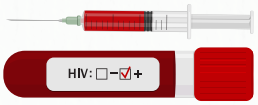
Health facilities using electronic medical records systems and 85 are point-of-care systems.

14

Laboratories supported to attain SANAS international accreditation with 100% EQA for CD4 and TB GeneXpert.

516

Health workers from 96 HFs skilled to provide quality emergency obstetric and neonatal care.



1,176,661

Individuals reached with HIV testing services, 24,230 PLHIV identified, 97% linked to care.

196,470

PLHIV received lifesaving ARVs and 93% have undetectable viral loads.

63,929

Individuals at risk of HIV acquisition (KP/PPs) reached with pre- and post-exposure prevention intervention services.

16,803

TB cases identified and initiated on treatment, with 89% treatment success rate.

7,560

Babies saved following training, renovations and equipping of neonatal intensive care units.

39,638

Women screened for cervical cancer, identifying 2,343 positives and 2,118 of these getting treated.

2,491,211

People vaccinated against COVID-19 for first dose of which 1,812,204 got second dose.

87

Ebola survivors given medical, mental, and psychosocial support to address post effects – stigma, discrimination & viral persistence.

17

Years of successful delivery of quality and impactful health care programs and internal growth from less than 10 staff to 520 currently.

169

Billion Uganda shillings in total revenue, 11.6 billion in reserves and total assets valued at 47.5 billion.

27

Research studies implemented to generate new knowledge and producing 20 peer-reviewed publications.

5.3

Billion Uganda Shillings sub granted to Civil Society Organizations (CSOs) and local governments through a Results-Based Financing (RBF) mechanism.

ABOUT BAYLOR FOUNDATION UGANDA

Baylor College of Medicine Children's Foundation Uganda (Baylor Foundation 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 Foundation Uganda has a long record of accomplishments. We are affiliated with the Baylor International Pediatric AIDS Initiative (BIPAI), a network of Paediatric HIV care and treatment at Children's Clinical Centers of Excellence (COE).

VISION
A world where Children and their families live healthy and fulfilled lives.

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

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

VALUE PROPOSITION
A center of excellence for family-centered health services, education, and research.

OUR CORE VALUES

In the process of delivering on its mandate, Baylor Foundation 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 human rights of all our clients.

Loyalty: We bear true faith and allegiance to Baylor Foundation Uganda's vision and mission, management, and fellow workers. We support the leadership and stand up for 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 Foundation Uganda's vision, mission, and strategic objectives.

MESSAGE FROM THE BOARD CHAIRPERSON

It is 17 years since the inception of Baylor Foundation Uganda in 2006. We are proud of what we have become and the tremendous impact we have had as an indigenous local organization that serves children and their families to live healthy and fulfilled lives. This impact has been realized through the overwhelming support of our donors and partners.

The Baylor Foundation Uganda Board extends gratitude to all people who have worked tirelessly to provide a service to all our clients and partners. This year we welcomed a new Board member Mrs. Kasirye Monica Kavuma who now serves as a member of the Finance and Audit committee. Welcome again Monica. In the year ended, the Board worked hard to provide oversight and ensure that everyone lives up to our core values. I extend my sincere appreciation to the Board of Baylor Foundation Uganda. The results we see in this report come from the dedicated 520 staff team headed by Dr Dithan Kiragga. Thank you, Baylor Foundation Uganda staff for your continued commitment, excellent performance, and impact.

We also recognize the growth in program coverage in Uganda and the diversified global health reach, as evidenced by successful awards from the proposals written this year. I want to extend my gratitude to the writing teams that contributed to this success.

I envision a Baylor Foundation Uganda that has grown to create self-reliance and sustainability, in all its operations. As a Board, we are cognizant of the changing dynamics in NGO operations and the need for accountability to all stakeholders. We also recognize the power of innovations to ensure responsive client-centered service.

This year, we wrote a new strategic plan that will see Baylor Foundation Uganda strengthen systems for service delivery, accommodate innovations, and approaches that will propel Baylor Foundation Uganda as a leader in the national response to reduce infectious and non-communicable diseases, maternal and childhood conditions in Uganda.

In the year ended, we continued to work closely with institutional structures set up and regulated by the Government of Uganda as well as serve different donors and partners.

This annual report serves as an accountability and advocacy document that demonstrates Baylor Foundation Uganda's footprint and contribution to Uganda's health sector.

We pledge to continue to provide high-quality family-centered health care, education, and research, to reduce morbidity and mortality from communicable and non-communicable diseases, and maternal and childhood conditions.

Professor Rhoda Wanyenze
BOARD CHAIRPERSON

MESSAGE FROM THE EXECUTIVE DIRECTOR

Dear esteemed partners and stakeholders,This financial year 2022/2023, Baylor Foundation Uganda has continued to provide excellent service to fulfill our mission of providing high-quality family-centered health care, education, and research. We are grateful to God, the board, the staff, and all partners for the tremendous support. Indeed, the rewards are all in this report to read. I unreservedly applaud the team for the job well done.

With funding from development partners, Baylor Foundation Uganda continued to provide comprehensive HIV prevention, care and treatment in 47 districts of Rwenzori, Elgon, Bunyoro, and Central regions of Uganda. Over 1.1 million individuals were reached with HIV testing services. Specifically, 24,230 PLHIV were identified, and 97% of all these were linked to care. Next year, we will report the results of our expansion in service in six more districts under the newly acquired ACE Fort-Mubende five-year project, an accomplishment that has been added to other successes achieved this financial year

The New Funding Mechanism 3 (NFM3) program supported through the Global fund skilled 2,716 AGYWs with vocational and soft skills such as building and construction, plumbing, welding, bakery, etc. and provided start-up kits to help reduce their vulnerability to HIV.

Through our Global Health Program (GHS), Baylor Foundation Uganda was part of the strong technical team led by the Ministry of Health to stop the spread of the Sudan Ebola virus in a record 69 days. The Ministry also entrusted us to manage 87 survivors under the National Ebola Survivors' Program. The GHS program also managed a series of government vaccination and border health programs. Under the URMCHIP mentorship project managed by the Baylor Foundation Uganda Reproductive, Maternal, Newborn, and Child Health program, we empowered 516 health workers at 96 sites, providing both comprehensive and basic emergency obstetric and neonatal services.

The report also provides a detailed analysis of the growth in scientific collaborative research. This is an area we have nearly perfected and are growing to seamlessly provide impeccable professional services. The list of our successes cannot be exhausted here.

During the financial year, we submitted over 20 funding proposals, and most of them have been very successful. Our staff has also grown to 520, to mention but a few.

Our dream is to build sustainable mechanisms for Baylor Foundation Uganda to survive even better. We will continue to nurture and grow partnerships with a bigger vision to create more income streams and build a bigger home for Baylor-Foundation Uganda.

Allow me to extend special tribute to the Government of Uganda, the Ministry of Health, and the generosity of our donors, our clients, and partners in this space. We are proud to serve you every day. To the Baylor Foundation Uganda staff, you made this happen.

Thank you.

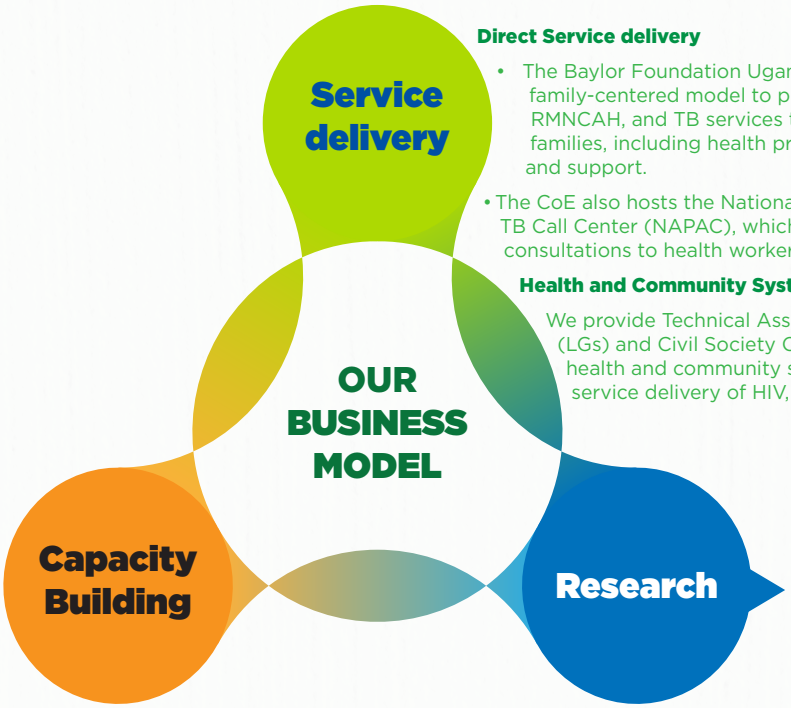
Dithan Kiragga

EXECUTIVE DIRECTOR

OUR BUSINESS MODEL

Baylor Foundation Uganda's **business model** is premised on our proposition of **adding value to the well-being of Ugandans** by providing quality health care through the capacity-building of local health and community workers for ownership and sustainability. Our broad aspirations include stakeholder and client satisfaction, financial stability for sustained healthcare services, operational excellence for efficiency, and continuous learning and growth.

Our **primary beneficiaries** include children under 15 years, adolescent girls and young women aged (AGYW) 15-24 years, adolescent boys and young men (ABYM) 15-24 years, women and men of reproductive age, key & priority populations (KP/PP), refugees and internally displaced persons; health care professionals, policymakers, researchers, donors, and implementing partners.



Direct Service delivery

- The Baylor Foundation Uganda Center of Excellence (COE) uses a family-centered model to provide quality comprehensive HIV, TB, RMNCAH, and TB services to children, adolescents, and their families, including health promotion, prevention, treatment, care, and support.
- The CoE also hosts the National Pediatric and Adolescent HIV and TB Call Center (NAPAC), which provides nationwide specialized consultations to health workers.

Health and Community Systems Strengthening

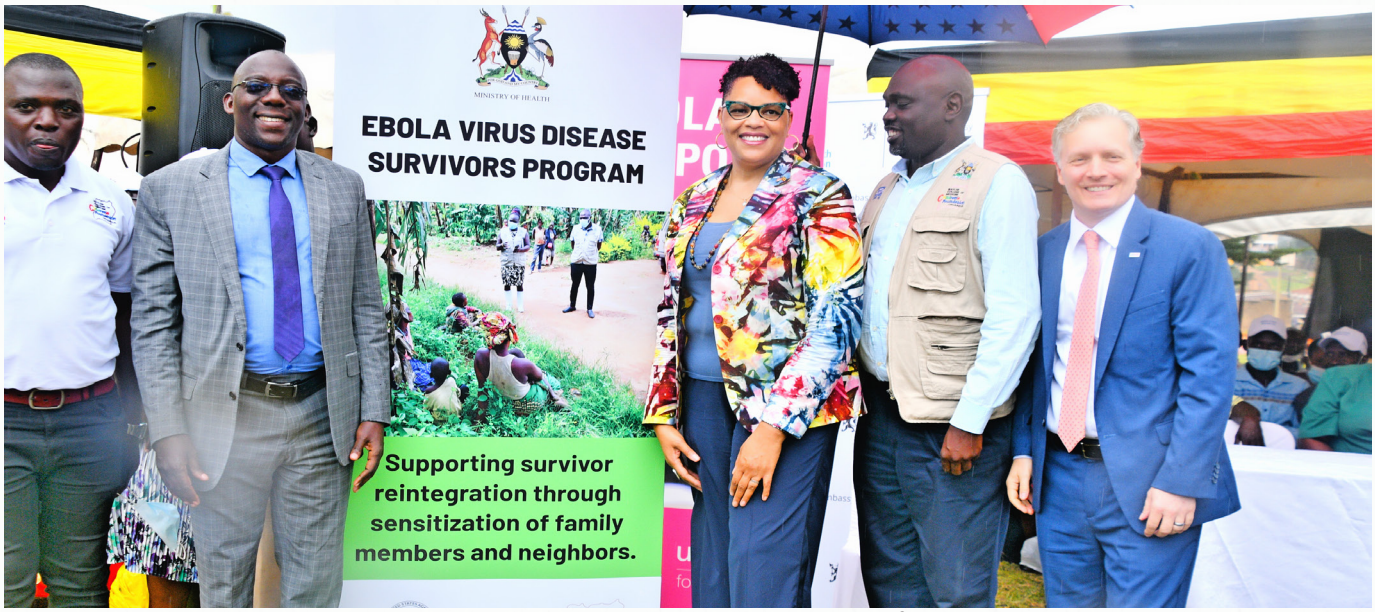
We provide Technical Assistance (TA) to Local Governments (LGs) and Civil Society Organizations (CSOs) to build resilient health and community systems and structures for sustainable service delivery of HIV, RMNCAH, and TB programs.

Baylor Foundation Uganda has a robust research program to generate new knowledge to inform health policy and programming.

Baylor Foundation Uganda uses an effective and proven three-phase pronged approach to building capacity of LGs and CSOs.

- **Didactic training** using its established low-cost virtual platforms, such as ECHO Zoom, to transfer knowledge to LGs and CSO staff.
- **On-site mentorship** using a twinning approach to translate knowledge gained into practical skills.
- **Technical support and supervision** to identify and close knowledge and skills gaps and monitor compliance to service quality standards.

OUR STAKEHOLDERS



Richard Nelson, the USAID Mission Director in Uganda, Dr. Peter Elyanu, Director of Global Health Security, Baylor Foundation Uganda, H.E Natalie E. Brown, the former U.S. Ambassador to Uganda Dr. Dithan Kiragga, Executive Director of Baylor Foundation Uganda, and Nyanja Godfrey, Mental Health and Psychosocial Support Officer.

During this Financial Year (FY) 2022/2023, Baylor Foundation Uganda collaborated with various stakeholders to synergize the efforts to attain the strategic objectives. The collaboration was mutually beneficial to both Baylor Foundation Uganda and stakeholders. The stakeholders included Government ministries and agencies, regulatory bodies, donors, development partners, service providers, districts, civil society organizations, our services beneficiaries, and the staff. **Value addition to the stakeholders** included economic benefits, technical capacity, environmental awareness, business trust and continuity, and enhanced networking.

VALUE ADDITION TO / FROM OUR STAKEHOLDERS

STAKEHOLDER CATEGORY / STAKE-HOLDER	VALUE ADDITION TO BAYLOR Foundation Uganda'S WORK
Government ministries and agencies	
Parliament of Uganda	• Develop laws governing the sectors Baylor Foundation Uganda works in and NGO operations. • Appropriation of government funds to the health and education sectors.
Ministry of Health	• Development of health policies, guidelines, and service package standards. • Information sharing from National health surveys and routine HMIS data. • Identify opportunities to leverage resources & promote collaboration.
Ministry of Gender, Labor and Social Development	• Economic transformation and empowerment of vulnerable groups, e.g., youth, AGYW, women.
Ministry of Internal Affairs	• Registration and issuance of operating certificate.
Uganda AIDS Commission	• Develop the national HIV response plan and national HIV/AIDS strategic plan. • Approval of behavior change and communication materials.
District, City, and Municipality local governments	• Alignment of Baylor Foundation Uganda's activities into the district's annual work plans. • Implementation and monitoring of Baylor Foundation Uganda's services packages.

National Medical Stores	•Procure, store, and distribute essential medicines and medical supplies.
National Health Laboratory and Diagnostic Services (NHLDS)	• Routine diagnostics, quality assurance of lab results, and results transmission
Clients / Patients	
	• Receive direct service delivery support at COE. • Receive OVC services. • Participate in research for medical advancement. • Receive support through health facilities in the districts where we operate.
Regulatory agencies	
Uganda Revenue Authority (URA)	• Regulation of national taxation regulations
National Drug Authority (NDA)	• Regulation of the manufacture, importation, distribution, and licensing of drugs.
Uganda National Bureau of Standards (UNBS)	• Standardization, quality assurance, metrology, and laboratory testing of goods.
Uganda Medical and Dental Practitioners Council	• Licensing, monitoring, and regulating the practice of medicine and dentistry in the country.
Institutional Review Boards (IRBs) and Uganda National Council for Science and Technology	• Ensure compliance with research ethics and guidelines. • Protection of rights of research study subjects.
Donors and Development partners	
Global Fund, USAID, CDC, UNICEF, ELMA Foundation, World Bank, NIH, MRC	• Funding for Baylor Foundation Uganda health, community, and research programs. • Provision of technical support and guidance to Baylor Foundation Uganda programs and research.
Education and Research Institutions	
DAIDS, MRC, H3Africa, KAROLINSIKA, TB UNION, CDC, DNDi, EGPAF, PENTA, JHU, IDRC, EDCTP, Universities (California, Makerere, Yale Medical School, Rutgers)	• Provide relevant and well-researched data, information, technologies, and products for implementation. • Provide funding for research and piloting of new interventions.
Civil Society	
Community-Based Organizations (CBOs) and Faith-Based Organizations (FBOs), People Living with HIP (PLHIV) network groups, Uganda Network of AIDS Organizations	• Community sensitization and mobilization for services. • Provision of complimentary community and psychosocial services. • Reduction in clients' lost-to-follow-up. • Advocacy for and leveraging of resources.
Other Implementing Partners (IPs)	• Sharing of best practices, learning, and adaptation for program improvement.
Baylor Foundation Uganda Staff	• Multi-skilled workforce of over 500 staff.
Private sector	
Private healthcare providers	• Client referrals for complimentary services
Suppliers and Vendors	• Provide quality goods and services to support program implementation
Banks and Insurers	• Funds, accounts, and risk management. • Funding through corporate social responsibility.
Audit firms	• Compliance analysis to national and international regulations, guidelines, and standards. • Risk assessment, mitigation, and giving independent audit opinion.

BAYLOR FOUNDATION UGANDA SUSTAINABILITY AND LONG-TERM IMPACT

Baylor Foundation Uganda Sustainability and Long-Term Impact

The Baylor Foundation Uganda Strategic Plan 2018-2023 is aligned with the United Nations Sustainable Development Goals (SDGs), focusing on critical areas such as good health and well-being, sustainable cities and communities, partnerships for the goals, gender equality, and reduced inequalities. By addressing these SDGs, we aim to contribute to the overall development and well-being of the Ugandan population while ensuring sustainability and long-term impact.

LINKAGE OF BAYLOR Foundation Uganda STRATEGIC OBJECTIVES (SO) TO THE SDGS

SO1: Increase Access to and Utilization of Quality Healthcare Services

1. Provide quality person-centered HIV/TB, RMNCAH+N, NCD/cervical cancer, and emergency services.
2. Expand HIV prevention services (VMMC, KP/PP, GBV).
3. TB Preventive therapy/ TB treatment.
4. Provide RMNCAH.
5. Strengthen lab services, supply chain, and strategic information.

So2: Strengthen Prevention, Detection, and Response to Public Health Threats/Emergencies Antimicrobial Resistance

1. Strengthen integrated disease surveillance and response.
2. Provide vaccination against vaccine-preventable diseases.
3. Support districts establish emergency response systems.
4. Establish public health emergency operation centers.

SO3: Enhance the Competencies of Health Workers to Provide Affordable, Quality, And Specialized Health Care Services

1. Train health workers to provide all-inclusive quality healthcare services
2. Establish telementor platforms
3. Functionalize HRIS

SO4: Strengthen Health Sector Research to Inform Policy and Programming

1. Establish research partnerships and collaborations.
2. CAP accreditation
3. Peer-review/Research publications
4. Implementation science

SO5: Revitalize Community Health Care Systems and Structures to Address the Health, Economic

1. Strengthen community health structures (CSOs, CBOs, PLHIV, YAPs, Peer networks).
2. Provide OVC, GBV, KP/PP services.

SO6: Strengthen Organizational Development Systems That Focus on Accountability, Best Management Practices and Good Governance

1. Recruit, train, and retain competent staff.
2. Strengthen performance management systems.
3. Promote gender equality.
4. Digitalize/automate business processes.
5. Create a conducive work environment.
6. Responsible consumption of natural resources.
7. Establish good governance structures.
8. Compliance and risk management.

SO7: Set up and maintain agile and functional systems for Baylor Foundation Uganda institutional and financial sustainability

1. Diversify revenues for business sustainability.
2. Partnerships/MOU
3. Operational efficiency

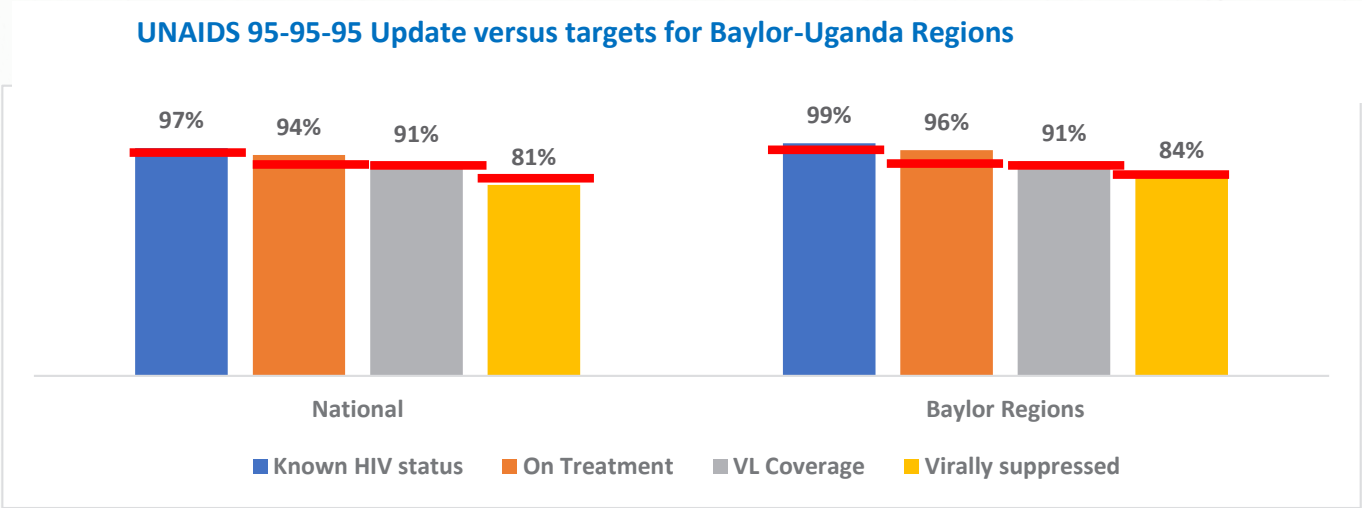
INCREASE ACCESS TO AND UTILIZATION OF QUALITY HEALTHCARE SERVICES

During FY 2022/23, Baylor Foundation Uganda strengthened the capacity of the national health care system and structures to provide comprehensive health care services at COE and 47 districts in the supported regions. These services included HIV/AIDS, TB, RMNCAH+N, Non-Communicable Diseases (NCD), and combination prevention services for children, adolescents, young people, and adults.

PROVISION OF COMPREHENSIVE HIV AND TB SERVICES

Through the Health Systems Strengthening (HSS) approach and the District-Led programming (DLP) framework, Baylor Foundation Uganda reinforced the district public health response to attain the UNAIDS 95-95-95 targets: 95% PLHIV identified, 95% on treatment, and 95% virally suppressed. Baylor Foundation Uganda implements the following six HIV programs in Uganda:

PROGRAM	FUNDER	GEOGRAPHICAL SCOPE
Accelerating HIV Epidemic Control in Fort Portal Region (ACE-Fort)	Centers for Disease Control (CDC)	**9 districts and 1 city**: Kabarole, Bunyangabu, Kasese, Kamwenge, Kitagwenda, Kyenjojo, Kyegegwa, Bundibugyo, Ntoroko and Fort portal City
Accelerating HIV Epidemic Control in Hoima region (ACE-Bunyoro)	CDC	**8 districts and 1 city:** Buliisa, Masindi, Kiryandongo, Hoima, Kikuube, Kagadi, Kibaale, Kakumiro, and Hoima City
Local Partner Health Services in Eastern Uganda (LPHS-E)	United States Agency for International Development (USAID)	**15 districts and 1 city:** Mbale, Manafwa, Namisindwa, Bududa, Sironko, Bulambuli, Kapchorwa, Kween, Bukwo, Tororo, Butaleja, Pallisa, Budaka, Kibuuku, Butebo and Mbale City
New Funding Model 3 (NMF3)	Global Fund through TASO-Uganda	**27 districts:** Buikwe, Kiboga, Kyankwanzi, Nakasongola, Nakaseke; Kayunga, Luwero, Mityana, Mubende, Kassanda; Ntoroko, Kasese; Buliisa, Hoima; Masindi, Kiryandongo, Kikuube, Kagadi, Kibaale, Kakumiro; Bundibugyo, Kabarole, Bunyangabo, Kyenjojo, Kyegegwa, Kamwenge, Kitagwenda
Local Service Delivery for HIV/AIDS Activity (LSDA)	USAID through UPMB	Western and Eastern Uganda:
Kampala HIV program (KHIV)	CDC through the Infectious Diseases Institute (IDI)	Two districts: Kampala and Wakiso



HIV TESTING

To attain the first 95 targets, Baylor Foundation Uganda provided technical and logistical support to health facilities to conduct provider-initiated testing and counseling (PITC). Some of the interventions implemented included:

HIV TESTING STATISTICS FOR FY 2022/2023

- **1,176,661 tested for HIV, and 24,230 new positives were identified and linked to treatment.**
- **28% of tests done in the community yielding 48% of the positives identified.**
- **Out-patient department (OPD) and index testing contribute almost half (46%) of the positives identified.**
- **11% index testing yield**
- **5.6% social networking strategy yield.**
- **14% recent infections**

HIV self-testing kits: Baylor Foundation Uganda supported the distribution of HIV testing kits to individuals who are unable to test at health facilities, including men, AGYW, and KP/PPs.

HIV testing at facility entry points: Baylor Foundation Uganda supported health workers in optimizing HIV screening at high-yielding facility entry points such as out-patient, in-patient wards, malnutrition, and TB clinics.

Index testing: We worked with eligible newly diagnosed persons with HIV to mobilize their active sex partners and biological children for assisted partner notification (APN) services and HIV testing.

Social Network Strategy (SNS): With the support of the district health educators and cultural and religious leaders, we organized men's dialogues targeted at male-dominated workplaces to reach out to high-risk communities.

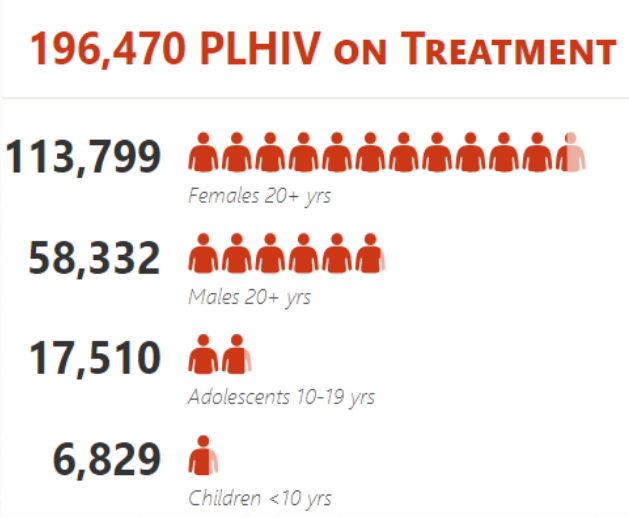
HIV recency testing: We offered recency testing services to 12,455 new HIV+ individuals to identify those who recently acquired HIV (within one year) so that appropriate interventions are designed to prevent further HIV transmission and link them to treatment promptly.

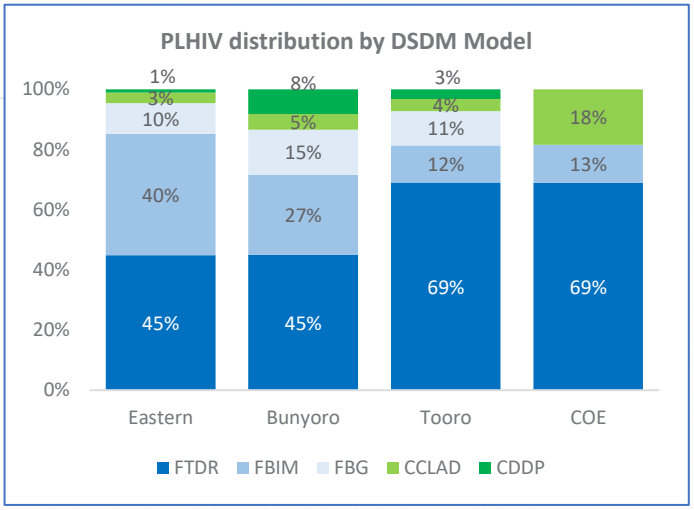
HIV TESTING ACHIEVEMENTS BY PROJECT IN FY2022/2023

	USAID/ LPHS-E	ACE-Fort	ACE-BUNYORO	CoE	LSDA	Overall
Tested for HIV	465,640	304,963	314,839	5,881	85,338	1,176,661
HIV Positives identified	6,935	7,577	8,704	325	689	24,230
% Linked to treatment	96%	100%	97%	100%	74%	98%
Tested for HIV recency	2,649	5,492	4,112	202	-	12,455
% recent HIV infections	16%	12%	15%	25%	-	14%

HIV TREATMENT SERVICES

To accelerate efforts to achieve the second and third 95s of the UNAIDS goals by 2025, Baylor Foundation-Uganda supported 631 health facilities (HFs) in 45 districts and three cities by providing HIV care and treatment services.





TREATMENT STRATEGIES EMPLOYED

Differentiated Service Delivery Models (DSDM): To enhance the quality of care and ensure better health outcomes for our clients, we transitioned 4,149 clients from Facility-Based individual Management (FBIM) to community-based models that deliver ART and anti-TB drugs. These include Community Drug Distribution Points (CDDP), Community Client-Led ART Delivery (CCLAD), and community-based retail pharmacies and organizations.

Continuity of treatment: To minimize treatment interruptions among PLHIV, we implemented multi-month drug refills, flexi hours, appointment monitoring, and treatment literacy.

Psychosocial support: To reinforce ART treatment efforts, we provided psychosocial support to PLHIV at the facility and community through case management officers, Young Adolescent Program Support (YAPs), and peer support networks.

HIV TREATMENT CASCADE BY PROGRAM IN FY2022/2023

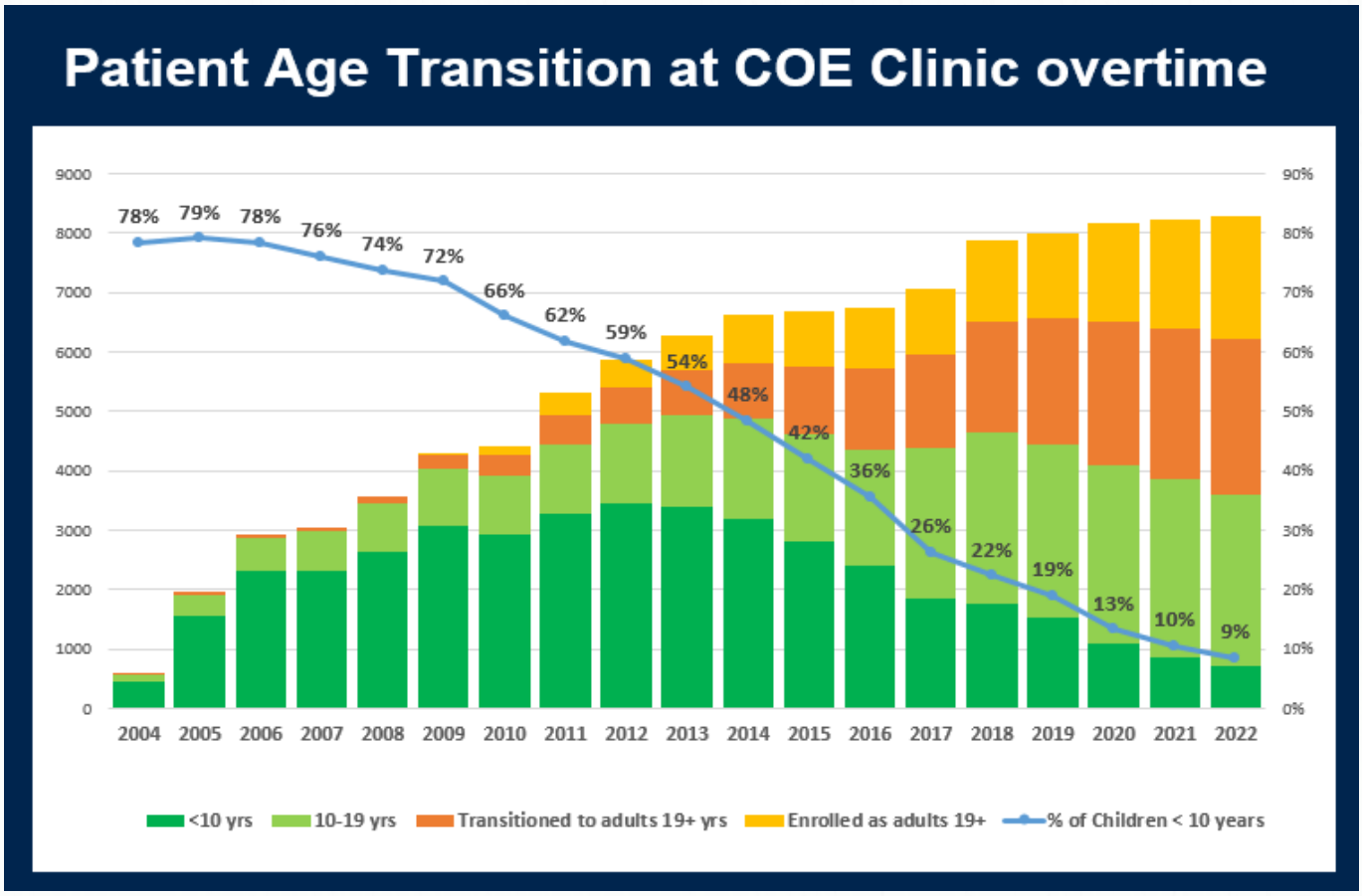
Indicator code	LPHS-E	RWENZORI	BUNYORO	COE	LSDA	Overall
Initiated on ART	6,689	7,541	8,461	329	509	23,529
Active on ART	43,855	71,824	64,296	8,711	7,784	196,470
% Optimised on recommended ARV regimen	99.1%	99.3%	99.6%	99.8%	98.1%	99.1%
VL coverage	94.4%	94.8%	99.7%	96.3%	99.9%	96.2%
VL suppression	92.3%	95.1%	93.4%	94.2%	96.1%	93.4%

Viral Load (VL) Suppression by age group: Our programs have maintained excellent VL suppression for adults (>20 years) at 95% for females and 94% for males. The VL suppression for adolescents (10-19 years) and children (< 10 years) are still suboptimal at 86% and 83%, respectively.

Management of VL non-suppressors: We managed 2,632 non-suppressed clients, and 84% received 3 Intensive Adherence Counselling (IAC) sessions, of which 80% suppressed after 85% switched to alternative treatment options.

PROVISION OF SPECIALISED PEDIATRIC AND ADOLESCENT HIV CARE AT BAYLOR FOUNDATION UGANDA CENTER OF EXCELLENCE (COE)

Baylor Foundation Uganda Children's Clinical CoE, based at Mulago National Referral Hospital, is the largest single HIV pediatric, adolescent, and youth clinic in Uganda, serving **8,711 young people living with HIV on ART, with 94.4% VL suppression**. The CoE provides specialized comprehensive care and support services, including ART, psychosocial counseling, and educational programs to promote an HIV-free generation.



As PEPFAR celebrates 20 years, the center boasts of one of the oldest cohorts of persons born with HIV, highlighting the power of partnerships and lifesaving ART for children.

Three hundred seventy-three (373) clients who joined the CoE as children born with HIV are now aged over 30 years and enjoy fulfilled lives, positively contributing to their societies, giving hope for an HIV-free generation, and with one of them studying for a Ph.D.

The CoE is also a learning center for in-service and preservice trainees in managing pediatric and adolescent HIV services through attachments and expert consultation through the NAPAC.

Dr. Charlene Walton
A LIFETIME EXPERIENCE AT THE COE

Dr. Charlene Walton is a Global Health Pediatric Resident Physician. She shares her experience at the Baylor COE. "I knew my experience here would lead to learning new diseases, treatments, diagnostic testing, and research, but I had never thought that I would learn so much about teamwork, social justice, and the importance of community. I am so thankful for this incredible opportunity and look forward to continuing my year here providing care for the wonderful COE patients."

COE youth drama group using its skills to deliver hiv prevention and health promotion messages.

TB PREVENTION AND MANAGEMENT

Hon. Lukia Isanga Nakadama, the Third Deputy Prime Minister (on right) poses for a photo with Richard Nelson, USAID/Uganda Mission Director, Florence Andiru Nebanda Butaleja, Woman MP (middle) and Hon. Anifa Kawooya Bangirana, State Minister for Health in Charge of General Duties (Left) during the World TB day commemoration in Butaleja district.

To end Tuberculosis (TB), Baylor Foundation Uganda used a HSS approach to provide comprehensive TB prevention and management through collaboration with traditional, religious, political, and technical leaders. This intensified advocacy, communication, and social mobilization aims to improve early care-seeking behavior, TB case detection, and treatment. We use patient-centered approaches such TB Differentiated Service Delivery Models (DSDM) at the facility and community levels to collect sputum samples and deliver TB drugs. This is with assistance from facility TB focal persons, laboratory personnel, sub-county health workers, and VHTs.

In FY 2022/2023, we supported health facilities to implement TB prevention, case finding, and treatment. A total of 23,926 PLHIV on ART received TB preventive therapy (TPT) to reduce their chances of contracting TB. The TPT completion rate was good across all regions, varying between 93% (Eastern region) and 99% (Fort Portal). With an excellent record of accomplishment in diagnosing, caring for, and treating TB, we diagnosed 16,803 individuals with TB, and all were started on treatment, with 89% successfully completing treatment. This excellence was realized following the support of 140 health facilities to implement Continuous Quality Improvement (CQI) collaboratives to improve TB outcomes. Innovations tested included monthly TB active cohort monitoring using electronic TB cohort audit tools, engaging cough monitors to support the follow-up of TB treatment interrupters, and leveraging virtual platforms (WhatsApp groups and ECHO Zoom to accelerate peer-to-peer learning across collaborative health facilities. Relatedly, the CQI collaboratives supported accelerated support to TPT initiation and completion rates.

TB PROGRAMS PERFORMANCE IN FY2022/2023

		Initiated on TPT	TPT Completion	TB cases initiated on Treatment	TB case notification rate	TB success rate
USAID/LPHS-E		6,201	93%	4,692	87%	89%
ACE-Bunyoro		8,026	98%	5,691	116%	93%
ACE- Fort		9,385	97%	6,215	129%	89%
COE		314	99%	205	-	85%
Overall		23,926	97%	16,803	110%	89%

NON-COMMUNICABLE DISEASES

People living with HIV (PLHIV) face an increased risk of non-communicable diseases (NCDs), for instance, cardiovascular diseases, diabetes, and cancer. These may be attributed to side effects as a result of the antiretroviral therapy, client lifestyle, and chronic inflammation due to HIV infection. Baylor FOUNDATION UGANDA , with funding from PEPFAR, implements an integrated healthcare approach to address the dual burden due to HIV and NCDs, including prevention, early detection, and appropriate and timely management. This is done to reduce morbidity and mortality of PLHIV from other common health conditions.

At the end of the financial year, the proportion of PLHIV screened for diabetes, hypertension, and mental health conditions were 58.3%, 63%, and 4%, and linkage to appropriate treatment stood at 95%, 77%, and 42%, respectively.

Mental health diseases screened for included depression, anxiety, alcohol, and substance abuse. NCD services were successfully integrated within HIV clinics at 91% of supported health facilities in Baylor-supported regions within the financial year.

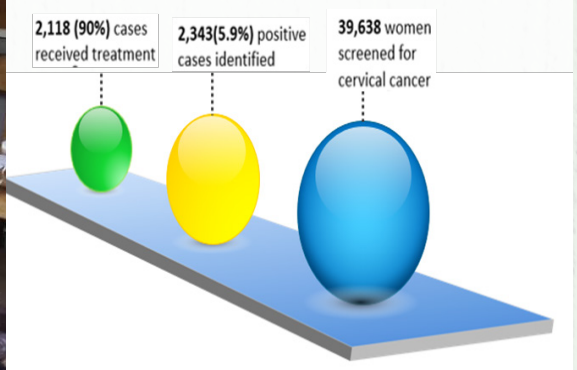
MENTAL HEALTH IS ONE OF THE KNOWN MAJOR CONTRIBUTORS OF THE NCD BURDEN.

Common signs of mental illness

- Excessive paranoia, worry or anxiety
- Long-lasting sadness or irritability
- Extreme changes in moods
- Social withdrawal
- Dramatic changes in eating or sleeping patterns

CERVICAL CANCER

Women at kamwenge hciii receive health education.



In partnership with PEPAL, Baylor Foundation Uganda supported health workers in leadership training for cervical cancer immersion to address local challenges with affordable, low-cost solutions. During the financial year, we screened over 39,638 women aged 15 years and above living with HIV for cervical cancer. 90% of those who were screened positive were given appropriate treatment.

PROVISION OF HIV PREVENTION SERVICES

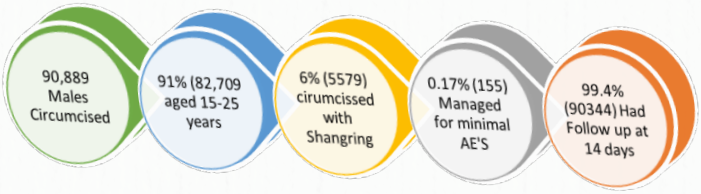
HIV prevention services provided by Baylor Foundation Uganda aim to reduce the transmission of HIV and promote healthy behaviors among individuals at high risk for infection. These services include voluntary male medical circumcision, comprehensive sexual education, the provision of pre-and post-exposure prophylaxis (PrEP and PEP), and the prevention of mother-to-child transmission of HIV. By providing these services, Baylor Foundation Uganda strives to empower individuals with the knowledge and tools necessary to protect themselves and their communities from HIV.

VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)

Baylor–Uganda Programs in Eastern, Rwenzori, and Bunyoro regions supported static and outreach VMMC services while increasing utilization of Shagring and reusable instruments for males above 13 years. The VMMC clients received a comprehensive package, including HIV prevention education, HTS risk assessment and screening, screening for STIs, TD (Tetanus-Diphtheria) vaccination, and post-operative follow-up among the circumcised males.

VMMC in action

The program teams worked with district structures to engage male VMMC champions, satisfied users, wives to husbands at ANC, Community leaders (Religious and cultural), and Radio messages for demand creation for VMMC services. To ensure the quality of the services provision, VMMC quality assurance officers supported VMMC camps, and quarterly DQAs were done with home visits to the circumcised males.



Pastor Moses Odoi, VMMC Champion

Talking the Walk

Living a life of constant travel during his youthful years, Pastor Moses Odoi claims he was undoubtedly vulnerable owing to his risky life. "I had four spouses when I was younger. *I was in significant danger of contracting HIV, and occasionally I would get discomfort during intercourse with my partners," says the 46-year-old resident of Tororo district resident.*

Everything changed when Odoi decided to commit his life to God and remain faithful to a single partner. Odoi also learned about VMMC and its associated advantages, such as preventing and managing STDs. As a result, Odoi made the courageous choice to undergo circumcision in June 2023, a decision that has not only improved his sexual health but also provided him with a sense of empowerment. He now advocates for VMMC and educates others about its benefits, helping to reduce the stigma surrounding the procedure and promoting safer sexual practices in his community.

"Circumcision changed my sex life. It has given me discipline to be faithful to my wife, and I will continue telling this whole village about it whenever I get an opportunity."

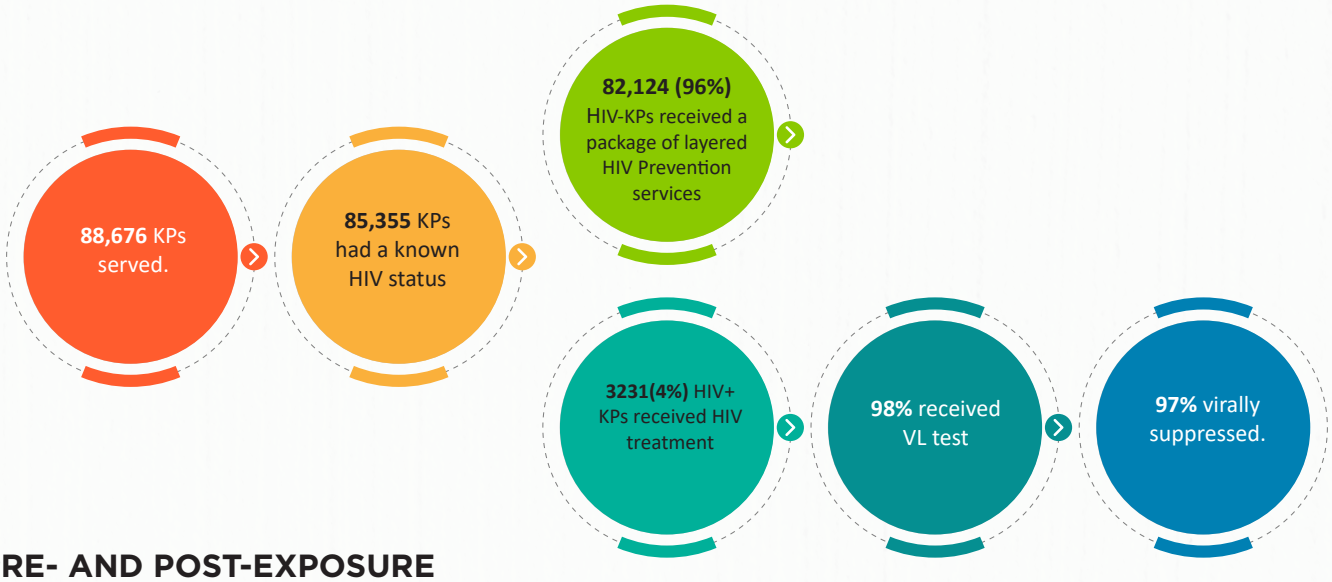
HIV PREVENTION FOR KEY AND PRIORITY POPULATIONS (KP/PPs)

During FY 2022/2023, Baylor Foundation Uganda provided tailored HIV combination prevention and treatment services for KP/PPs through CSOs, Drop-In Centers (DICs), and HFs using a peer-led approach. The services included HTS, VMMC, Risk reduction counseling, TB screening and treatment, STI screening and management, condoms/compatible lubricants, screening, post-violence care, PrEP for HIV negatives, and ART for HIV-positive KP/PPs. We facilitated KP/PP peers to distribute HIV self-testing kits at hotspots to improve HIV case identification, targeting individuals who cannot access health facilities.

Overall, Baylor Foundation Uganda serviced 53,520 PPs and 88,676 KPs with a package of layered HIV prevention services in the Eastern, Rwenzori and Bunyoro regions during the reporting period.

We implemented Audio Computer Assisted Self Interview (ACASI) technology in the Rwenzori region to improve the delivery of HIV prevention services for KP/PPs. We used HIV recency data for micro-targeting HIV prevention services in geographical areas with recent infections. We supported CSOs and HFs to conduct periodic data reviews and monitor clients on ART.

HIV PREVENTION AND TREATMENT CASCADE FOR KEY POPULATIONS



PRE- AND POST-EXPOSURE PROPHYLAXIS

Baylor Foundation Uganda provided pre- and post-exposure prophylaxis (taking medicine to prevent HIV before or after possible exposure) to high-risk populations, including adolescent girls and young women, pregnant and breastfeeding women, and HIV-exposed individuals. These services were provided by healthcare workers and trained peers at both community drop-in centers and health facilities.

EMPOWERING ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) TO PREVENT HIV

AGYW from Hoima under the NFM3 project at their graduation ceremony.

Baylor Foundation Uganda is partnering with community structures and 19 Community-Based Organizations (CBOs) with support from the Global Fund through TASO to fight HIV and TB in a total of 27 districts found in Bunyoro, Rwenzori, and North Central Uganda. We established 200 safe community spaces for AGYW, collaborated with mentor mothers, and partnered with community leaders to identify local artists and organize sports tournaments to mobilize them to receive HIV and TB health services. Additionally, **2,716 AGYW received vocational and soft skills**, and seven small-scale business owners received Enterprise Development Assistance (EDA), reducing their HIV vulnerability.

Prossy Nandawula, AGYW Beneficiary

Transformation for Wealth and Health

Prossy Nandawula's business before and after receiving EDA.

"Within six months, Nandawula's working capital had increased to UGX 5 million ($1,311). Nandawula estimates that her weekly sales range between UGX800,000 ($210USD) and UGX900,000 ($236USD)."

In the Kiwoko Trading Center in the Nakaseke District, Prossy Nandawula was having trouble maintaining her snack business. With a working capital of UGX 400,000 ($105USD), the 22-year-old was limited to selling milk, bread, sweets, and soft beverages. ***"I had little money when I first started my business. I was worried that it might close at any moment because the capital was running low,"*** she admits. Following an evaluation of her shop by the New Funding Mechanism3 (NFM3), she was awarded an Enterprise Development Assistance (EDA) grant of UGX 500,000 ($131USD). NFM3 also trained her in financial management. After receiving this cash boost, Prossy decided to enhance her stock and expand into additional products. *"**I became aware that the beverages weren't bringing in much money for me, so I chose to diversify into plastics,"*** Nandawula remarks. To grow her income, she also purchased two calves and two goats from her business profits. ***"My plan is to rent a bigger shop because the plastics I added no longer fit in this one-roomed shop,"*** she says. Running a profitable business is not only Nandawula's dream but also staying HIV-free, thanks to the NFM3 program that has enabled her to receive essential information and health services to prevent HIV.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Baylor Foundation- Uganda tested eligible pregnant and breastfeeding mothers and initiated those who tested HIV-positive on life-long treatment while those free of infection received a prevention package. We closely monitored maternal viral loads and offered intensive adherence counseling to those struggling with taking their medications.

We supported peer mothers in Baylor-supported facilities and communities to promptly follow up mother-baby pairs. Peer mothers act as role models to promote practices that keep the exposed infants, HIV-free.

PMTCT PERFORMANCE PER PROJECT IN FY2022/2023

Indicator	LPHS-E	RWENZORI	BUNYORO	COE	LSDA	Overall
Pregnant Women tested for HIV at 1st Antenatal Care (ANC) visit.	144,088	101,779	103,680	-	58,595	**427,469**
HIV+ Pregnant women identified.	1,990	4,025	4,379	-	4,211	**15,402**
% HIV+ Pregnant women linked to ART	99%	100%	98%	-	99%	**100%**
EID coverage at two months	85%	98%	88%	76%	97%	**89%**
HIV-exposed infants discharged Negative	77%	94%	75%	75%	81%	**80%**

Hellen Odong, Peer Mother

Keeping HIV at Bay in Babies Born to HIV-Positive Mothers

When Odong joined Butiaba HC III under Baylor Foundation Uganda in January 2021, the facility's EID rate had been rated at 5% but is now determined to maintain it at zero percent.

At 60 years old, Hellen Odong is still passionate about preventing babies from acquiring HIV from their mothers. A mother of three children and grandmother to four children, Odong prides herself in mentoring, counseling, guiding, and supporting over 120 HIV-positive pregnant and breastfeeding mothers, who receive antenatal care, to ensure that none of their babies acquire HIV.

"When I hear that a child got HIV because of a mother's negligence, it saddens me," says Odong, a peer mother in the Early Infant Diagnosis (EID) PMTC Clinic at Butiaba HC III, Buliisa District in mid-Western Uganda. She has worked as a peer mother at the facility since January 2021.

She forms personal friendships with each mother, attaches them to their VHT, collaborates with religious leaders to urge their husbands to support them. She has further supported them to form a savings group. The group helps them not only to save and invest but also to be accountable.

PREVENTION OF SEXUAL AND GENDER-BASED VIOLENCE

Baylor Foundation Uganda working with the district local governments, CSOs, and HFs integrated sexual and gender violence services, including incident screening, linkage & referral for post-GBV clinical care, and psychosocial services at different service delivery points/clinics including ART, OPD, ANC, eMTCT, and Family planning (FP). Using the national Quality Assurance (QA) tool, we also worked with trained GBV district mentors to conduct GBV QA mentorships at HFs. The tool aims to identify process gaps and develop action plans, including data-driven mentorships, advocacy, and awareness and demand creation for post-GBV care services.

Additionally, Baylor Foundation Uganda actively participated in the "**16 DAYS OF ACTIVISM AGAINST GENDER-BASED VIOLENCE CAMPAIGN**". Baylor Foundation Uganda supported a series of community and sector dialogues to foster a collaborative effort in dealing with GBV.

44,495 individuals received post-GBV care in Rwenzori, Bunyoro and Eastern Uganda regions supported with funding from USAID and CDC.

Survivors of Gender Based Violence participate in one of the 16 Days Against GBV activities.

SUPPORTING ORPHANS AND VULNERABLE CHILDREN (OVCs) OUT OF VULNERABILITY

Baylor Foundation Uganda, with support from CDC, implemented **comprehensive Orphaned and Vulnerable Children (OVC) services** in 74 sub-counties in six districts in the Rwenzori region, including Bunyangabu, Kabarole, Kamwenge, Kasese, Kitagwenda, and Kyegegwa, and Kampala through the CoE. We worked with social and parasocial workers (PSW) to map OVCs and their needs using the Household Vulnerability and Assessment tool developed by the Ministry of Gender, Labour, and Social Development (MGLSD). The tool enabled us to tailor our interventions to meet their specific needs and improve their overall well-being.

Our OVC services package included health care and sanitation, education and vocational skilling, child and youth protection and safety, economic strengthening, food security and nutrition, psychosocial wellbeing, and social protection. The OVC beneficiaries included AGYW/teen mothers/adolescents, lactating mothers, teenage pregnant mothers, Children living with HIV (CALHIV), caregivers of malnourished children, and children of female sex workers (FSW).

- **In FY22/23, Baylor Foundation Uganda achieved 99% targeted services across the four core program areas of health, education, safety and stability.**
- **10,806 OVCs were supported with food and nutrition services.**
- **1,609 OVCs graduated out of vulnerability.**

Health

- **27,810** OVC screened for HIV/TB and referred for appropriate care services.
- **3,594** HIV+ received ART, 94% suppressed

Education

- **6,137** children received tuition, career guidance, scholastic materials, and life skills sessions

Child Protection

- **15,731** Care givers sensitized on child protection.
- **8,302** caregivers received parenting skills
- **82** GBV/VAC survivors received legal support.

Economic Strengthening

- **584** VSLA groups of 10,886 members with total savings of 670 million.
- **192** out-of-school OVC received apprenticeship and start-up kits

The 2022/2023 cohort of AGYW receive business start-up kits.

Irene, an OVC beneficiary

Making Graduation from Vulnerability a Reality

An OVC program staff member visits Irene at her work place to better understand her challenges and offer the relevant support.

Irene has been the sole provider of three children, including one on life-long HIV treatment since her husband walked out on them seven years ago. She resorted to washing laundry in their slum area, which could not feed or pay school fees for the children. The children eventually dropped out of school. She sought advice from local entrepreneurs and researched alternative business opportunities that could provide a more stable income for her and her children. With UGX 50,000 ($14) in savings, Irene started a small business selling second-hand underwear but could still not make ends meet.

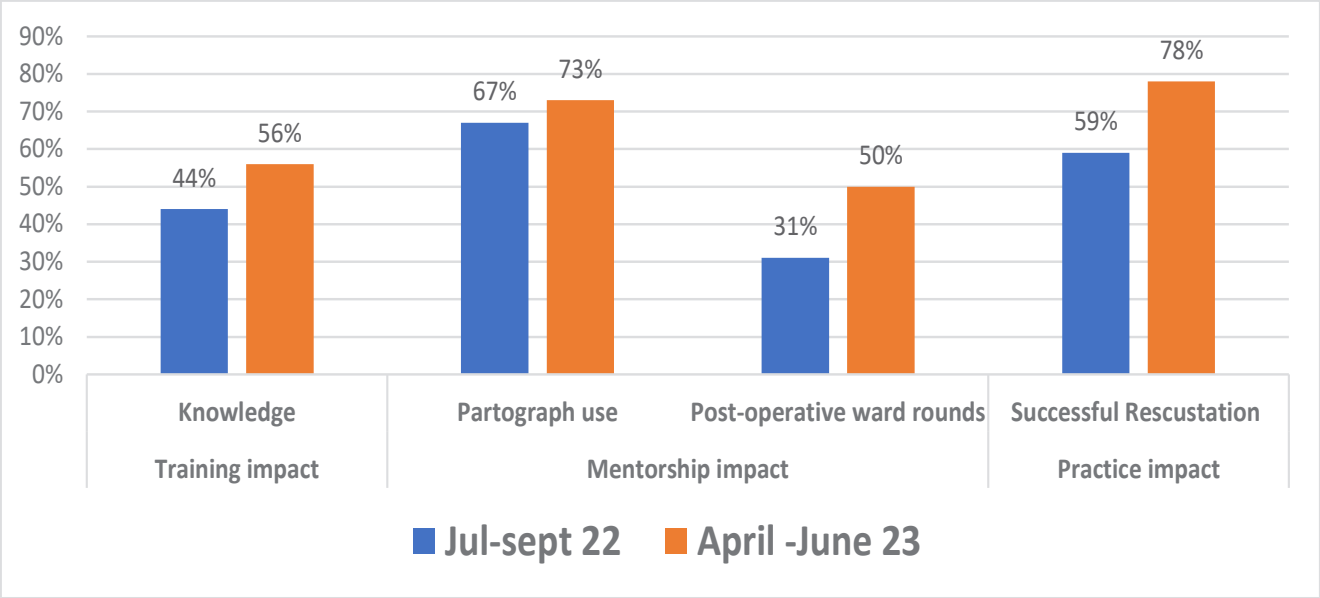
In 2021, the Baylor Foundation Uganda COE enrolled Irene's household in the OVC program, providing psychosocial support, positive parenting skills, financial and business literacy training, and VSLA groups to improve business management and saving culture. This year, the program boosted her nearly closing business due to the COVID-19 lockdown, with UGX 150,000 ($42), resulting in much higher profits and improved savings.

Using the profits and borrowing from VSLA, Irene has enrolled her children back in school, bought a small piece of land in Wakiso, and has started building a three-roomed house. Both Irene and her son continue to adhere well to their ART medication and are both virally suppressed. ***"You are aware of the difficulties single mothers face, so life is not always simple, but at least my children and I now live in a better environment than we did five years ago. I am grateful to Baylor Foundation Uganda for the invaluable help you have provided to my family, particularly my son, who is also enrolled at the Baylor clinic."***

IMPROVING COVERAGE AND ACCESS TO QUALITY REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

IMPROVING EMERGENCY OBSTETRIC AND NEWBORN CARE

With funding from the World Bank through the MOH-Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP) and with the technical support of five health professional associations (Obstetricians, Pediatricians, Neologists, Midwifery, and Anaesthetists), Baylor Foundation Uganda built the capacity of 516 health workers from 96 health facilities to provide both comprehensive and basic emergency obstetric and neonatal services (CEmONC/BEmONC) in Rwenzori and Bunyoro regions.



Impact of the URMCHIP project in Bunyoro and Rwenzori regions

BUILDING CAPACITY FOR COMPREHENSIVE AND BASIC EMERGENCY OBSTETRIC AND NEONATAL CARE

The capacity-building program enhanced health professionals' clinical skills and competencies with an average knowledge gain of 36% (from 44% at baseline to 56%), partograph use increased from 67% to 73%; post-operative ward rounds from 31% to 50% and successful baby resuscitation from 59% to 78%.

With improved health workers' technical capacity, NICU refurbishment and equipment,

- **16,100 babies were managed;**
- **7,560 babies were saved;**
- **1,120 babies were referred; and**
- **Birth Asphyxia case fatality reduced by over 30%.**

Mentee demonstrating controlled cord traction at Kamwenge HC III.

Onsite HBB/newborn resuscitation skills training at Ntara HCIV

EQUIPPING AND IMPROVING NICUs INFRASTRUCTURE FOR BETTER SICK NEWBORN OUTCOMES

Baylor Foundation Uganda leveraged additional funding from the **ELMA Foundation** and the **Japanese International Cooperation Agency** (JICA) to contribute to the MoH agenda of ensuring the availability of neonatal care services in every district. This includes:

- Equipping and refurbishing NICU infrastructure;
- Timely referral of mothers and babies for management of their complications;
- Reaching the hard-to-reach underserved communities with maternal and neonatal health services through integrated outreaches; and
- Engagement of community structures for improved MNH services utilization.

Baylor Foundation Uganda Executive Director, Dr. Dithan Kiragga (Middle) and Kasese district CAO (Left) commissioned the construction of a NICU at Bwera Hospital, funded by the Japanese Embassy.

ENHANCING THE COMPETENCIES OF HEALTH WORKERS TO PROVIDE AFFORDABLE, QUALITY & SPECIALIZED HEALTH CARE SERVICES

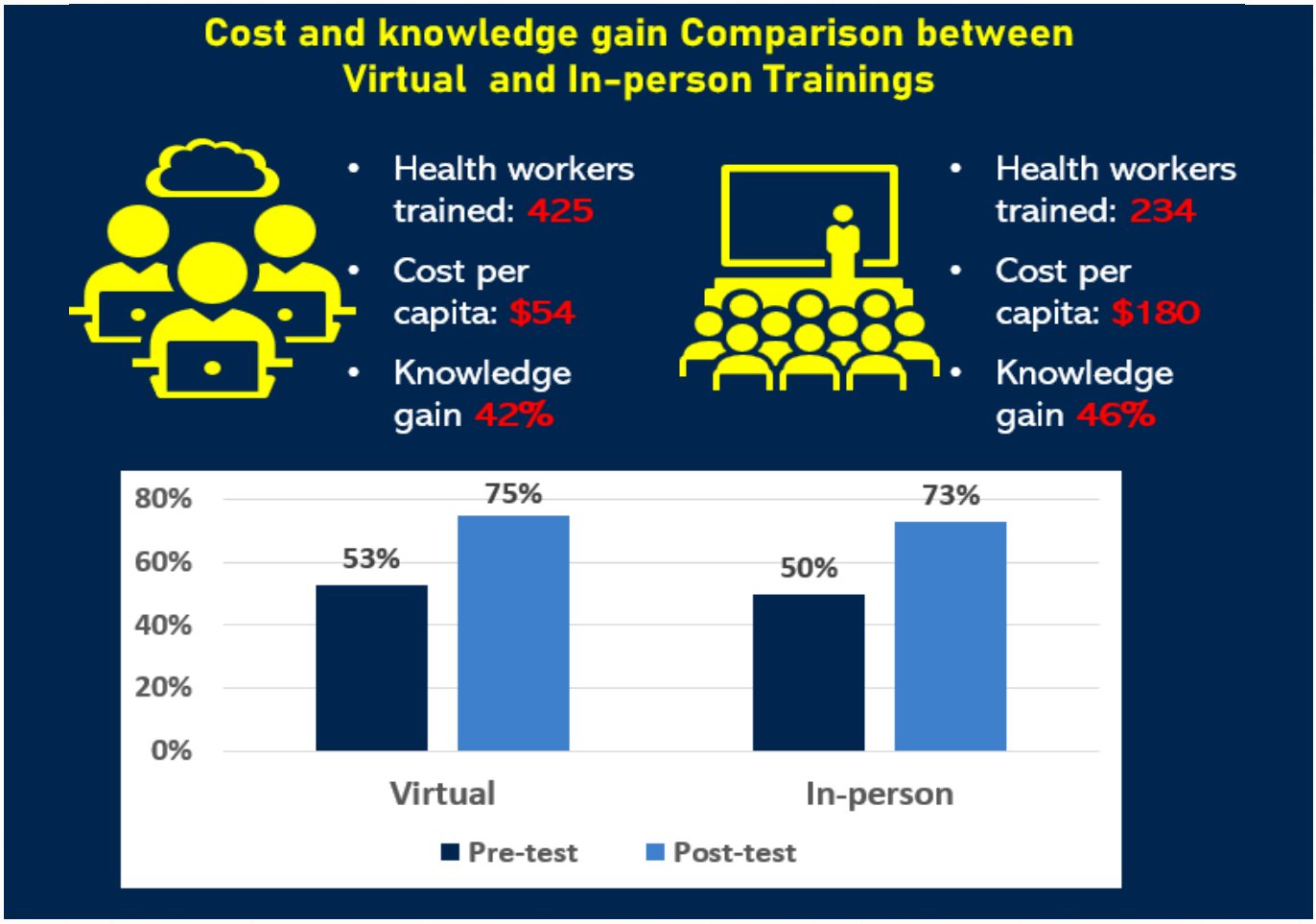
ENHANCING COMPETENCES OF HEALTH WORKERS TO IMPROVE DELIVERY OF QUALITY HEALTH CARE SERVICES

Baylor Foundation Uganda is building the capacity of health workers through training, mentorship, and supervision, and strengthening health systems including Governance; Health Financing; Human Resources for Health; Service Delivery; Medical Products, Vaccines, and Technologies; and Health Information Systems.

STRENGTHENING HUMAN RESOURCES FOR HEALTH (HRH)

Using support from USAID, CDC, WB, ELMA and UNICEF, Baylor Foundation Uganda supported local governments in Eastern, Rwenzori and Bunyoro regions to address staffing gaps for professional and technical health workers, who are well-motivated to perform their functions at selected health facilities. To enhance the competences of these health workers, we offered in-person and virtual trainings, mentorships, attachments, continuous professional development (CPDs) sessions and provided expert consultation through the Call Center.

Trainings: During the year, we conducted a total of 18 different trainings reaching **8,391 participants with an average knowledge gain of 31%**. The trainings included NMS CSSP training, Leadership & Governance training, POC viral load for pregnant & lactating mother, HUMC site level trainings, SAVIX MIS Training, Cervical Cancer for Health workers to improve positivity yield, Shang Ring training, Mentorship skills, IPC Refresher training, Intensified support POC VL & EID POC testing services, TOT on TB-OVC integration, Emergency Resuscitation training, Accelerated TB-OVC Integration & Innovation trainings, HIV Testers Certification, ToT for HAS-HIS on Community MNH & Mortality Surveillance, TOT on 2022 HIV Guidelines, YAPs Supervisors' training, Integrated Community Approach. Leveraging on the Experience of Care and Health Outcomes (ECHO) cost efficient structures put in place, we were able to successfully conduct virtual trainings with similar knowledge gain outcomes.



Mentorships: We also conducted at total of 20 different mentorships that covered five thematic areas, including cervical cancer screening, TB/HIV collaborative services, care and treatment, HIV testing services, EMTCT, post training mentorship on active case finding, IPC, AP3 mentorships at HC IIs; SGBV; KP/PP services, cervical cancer screening and treatment; CoT; HTS, supply chain and medical logistics management; DSDM; NACS and CQI. A total of 8,631 mentees and 256 health facilities were reached.

While the supply chain and medical logistics management mentorship led to improvement in ordering and reporting in Bunyoro, the Continuity of Treatment (CoT) mentorship resulted in the reduction in misclassification of clients and improvement in client follow up within 7 days. Additionally, we were able to optimize our mentorship program through the mentorship standardization process in the Rwenzori region. Furthermore, we conducted five-day regional mentorship skills training of 50 lead mentors who subsequently facilitated district-based two-day orientation meetings for an additional 173 mentors. These were then approved/accredited by their districts and assigned specific sites to mentor with each allocated his/her workstation as well as two nearby sites. Prior to conducting mentorship activities, pre-mentorship meetings were held to ensure uniform engagements at health facilities, and the mentors used agreed-upon standardized mentorship tools. These were monitored through regular virtual mentors' meetings using the 46 ECHO/ZOOM facilities and other personal gadgets; as well as selected physical monitoring during mentorships, with feedback provided in real-time. Preliminary observations by the mentors indicated an improvement in report-writing; improved participation in the mentors' meetings; and contributed to improvement in viral load coverage.

Internships: We hosted 42 students for internship. As part of the evaluation, interns noted that the internship arrangement is well designed to build the capacity of the interns.

CPDs: We consistently conducted weekly continuous professional development (CPD) sessions for staff. the major successful undertaking was the revival of weekly CPD sessions in the Bunyoro region (see graph above). Leadership support, role of focal persons, availability of schedules were some of the tested changes implemented.

STRENGTHENING HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

To strengthen Monitoring and Evaluation (M&E) systems for health service delivery, Baylor Foundation Uganda provided technical assistance through training, mentorship, supervision, and continuous professional development sessions for health workers and Baylor staff to ensure accurate data collection, reporting and use for decision-making.

In addition to this, we recruited 135 health information assistants and 196 data assistants at supported health facilities to address the staffing gaps in records and data management.

Data Capture, Reporting, and Use: Working with the M&E Technical Support (METS) Program and MOH, we availed HMIS tools for data capture and reporting and conducted external and internal quarterly data quality assessments, spot checks, and monthly HMIS data validation. Data Quality Assessment (DQA) findings were used to implement course corrections to ensure data meets expected data quality standards in terms of completeness, accuracy and timeliness.

Dr Winnie Akobye, LPHS-E Technical Services Director provides technical assistance in filling in of an HMIS tool at Muyembe HC IV in Bulambule district.

Digitalizing health information: Baylor Foundation Uganda is one of the leading partners in implementing digital systems for the Health sector. We worked with MOH and METS to expand the use of health information solutions including tiered Uganda EMR, TB electronic case-based surveillance system, the OVC tracker, KP tracker and laboratory information systems. We provided computers and related ICT accessories, end-user training, internet services and routine equipment maintenance. Health facilities which had power interruptions received solar-backup systems to

ensure safety and continuity of services.

STRENGTHENING QUALITY LABORATORY SERVICES PROVISION

In FY 22/2023, Baylor Foundation Uganda, with funding from PEPFAR, supported the refurbishment of laboratories. It further provided technical and quality management support across laboratory services in the three supported regions of Uganda. Through the hub system sample transportation from the spoke facilities, we reinforced the operationalization of Gene XPert testing.

Additionally, Baylor Foundation Uganda assisted the regional maintenance workshops and contractual service providers in ensuring 100% equipment service, repair, and minimal equipment downtime, including calibration of over 53 automated equipment. These achievements have improved patient care across the supported regions and met the 95:95:95 targets. We observed that expiries of laboratory commodities and sample rejections below the national targets were reduced due to accreditation and certification efforts. Furthermore, the turnaround time (TAT) for tests improved with quality results attaining (100% EQA satisfactory performance for CD4 and TB GeneXpert, over 98% HIV EQA testing).

MEDICAL LOGISTICS AND SUPPLY CHAIN MANAGEMENT

Baylor Foundation Uganda made significant achievements in medical logistics and supply chain in the year ending June 2023. These achievements improved the availability of essential medicines and other health commodities, leading to better quality of care for patients. The regions have achieved **100% complete ordering and reporting** of essential medicines for HIV/AIDS, tuberculosis, reproductive health, laboratory supplies, and other medical commodities.

Using the ART-ACCESS platform, Baylor Foundation Uganda implemented the CRPDDP (Community Retail Pharmacy Drug Distribution) in all supported regions. This innovative solution helped improve patients' access to ART and TB treatment through local pharmacies while reducing travel to the central health facility.

RASS (Real-time Commodity Stock Status Reporting System) is a powerful tool that Baylor Foundation Uganda uses to track the availability of essential medicines and other health commodities across all health facilities. In the past year, Baylor Foundation Uganda has averaged **82% for the reporting rates for RASS**, one of the country's best.

We supported the use of Rx Solution at **89 health facilities**, a software platform that helps improve inventory management and tracking of essential medicines and other health commodities at 89 facilities across all three regions, enabling the availability of essential supplies on hand.

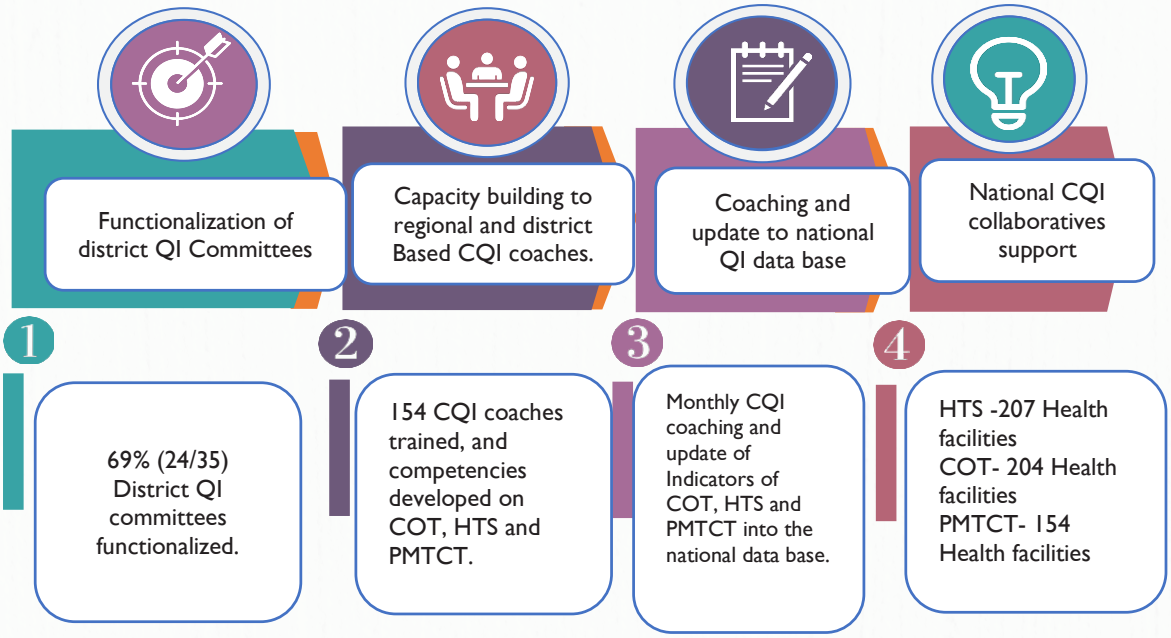
Baylor Foundation Uganda revived MTCs (Medicines and Therapeutic Committees) in all supported regions. MTCs ensure the rational use of medicines and other health commodities. By restoring these committees, Baylor Foundation Uganda has helped to improve the quality of care for patients.

CONTINUOUS QUALITY IMPROVEMENT

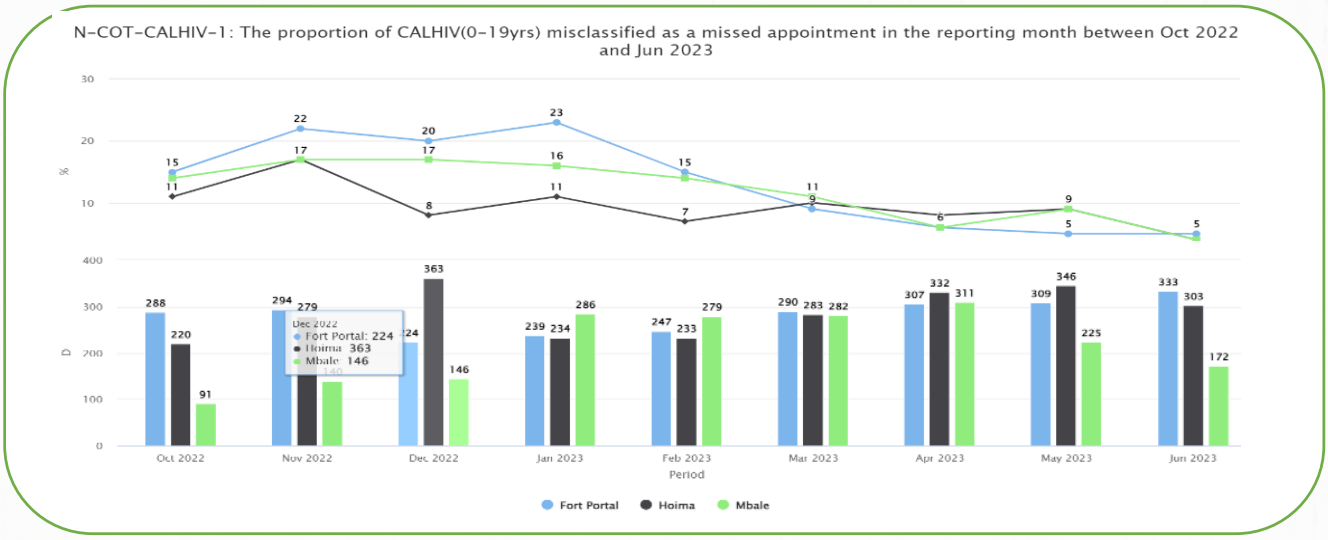
In FY 22/2023, the QI team supported the Center of Excellence, Rwenzori, Bunyoro, and Mbale regions to use Continuous Quality Improvement (CQI) as guided by the National Quality Improvement Framework and Strategic Plan (NQIF&SP) 2021-2025. We conducted the support through the recommended structures of the Regional Quality Improvement Committee (RECO), District Quality Improvement Committees (DICO), and Facility Quality Improvement Committees (FQIC).

We used the CQI methodology to provide patient-centered care and improve the quality of care provided to clients through the PDSA (Plan-Do-Study-Act) cycle to test innovations at the facility level.

QI structures were supported through monthly CQI coaching support to health facilities, support to Quarterly RECO and DICO meetings, and on-site mentorships for the national Prevention of Mother to Child Transmission (PMTCT), HIV Testing Services (HTS), and COT (Continuity of Treatment) QI collaboratives.



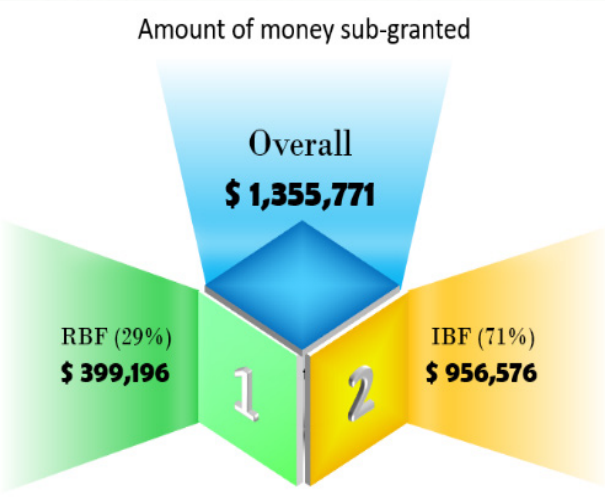
The National Continuity on Treatment (COT) collaborative



HEALTH FINANCING

Baylor Foundation Uganda financed 99 sub-grantees in the year, including civil society organizations, people living with HIV/AIDS networks, health facilities, and district local governments. District health and community development offices were specific to the Rwenzori region where Baylor Foundation Uganda has implemented the OVC program. The subgrants to the District Health Officer (DHO) support technical oversight by the District Health Team (DHT) through the District-Led Programming (DLP) approach.

The subgrants to the CSOs supported the implementation of comprehensive HIV/TB services within the catchment areas where funds are allocated based on target and scope of work. The table below shows the various categories of subgrantees and the amount subgranted.



AMOUNT SUB-GRANTED BY REGION (USD)

Subgrantee category	Recipients	Rwenzori	Bunyoro	Eastern	Overall
Civil Society Organisations	22	479,784	164,468	191,376	835,628
District LGs DHOs & DCDOs	21	20,326	28,922	-	49,248
Health Facilities	49	21,458	397,182	-	418,640
People Living with HIV Networks	7	-	52,255	-	52,255
Total	99	521,568	642,827	191,376	1,355,771

HEALTH FINANCING APPROACH

Baylor Foundation Uganda uses mainly two approaches to provide sub-grants to recipients, i.e. Input-Based Financing (IBF) and Results-Based Financing (RBF).

Input-Based Financing: Funds are advanced to sub-grantees for activity implementation, and upon completion of implementation, the subgrantees provide full accountability of funds to Baylor Foundation Uganda for review and liquidation. This forms a basis for continued quarterly releases.

Results-Based Financing: Nine CSOs have successfully implemented this approach and were rewarded for milestones achieved. RBF was adopted to address delayed accountability bottlenecks, low output attainment, and poor quality of services & documentation. It has enabled value for money, and improved documentation at HFs & CSOs. The RBF approach has also been scaled up to the eight (08) high-volume HFs in the Rwenzori region, which is a pilot study for the HIV indicators HIV case identification, TB case finding, and retention. Baylor Foundation Uganda believes the results from this study will inform decision-making at a national level.

VALUE ADDITION

Through the sub-grants, district technical and political leadership have conducted quarterly technical support supervision of health facilities and civil society organizations, improving quality service delivery and attendance to duty. The district auditors monitor and oversee the utilization of funds by the health facilities. As a result, district health officers can respond quickly to any emergencies relating to comprehensive HIV care at any of these facilities since they have an administrative budget line to support such needs. This approach of DLP has promoted ownership of programs by the districts, and we believe it enhances the sustainability of program outcomes. Above all, these sub-grantees at health facilities, CSOs, and PLHIV Networks' levels have contributed to achieving HIV epidemic control in the Baylor-supported regions.

FOSTERING BETTER SERVICE DELIVERY TO HEALTH WORKERS AND CLIENTS THROUGH THE NATIONAL PEDIATRIC AND ADOLESCENT HIV/TB CALL CENTER ON TOLL-FREE NUMBER 0800205555/0800305555

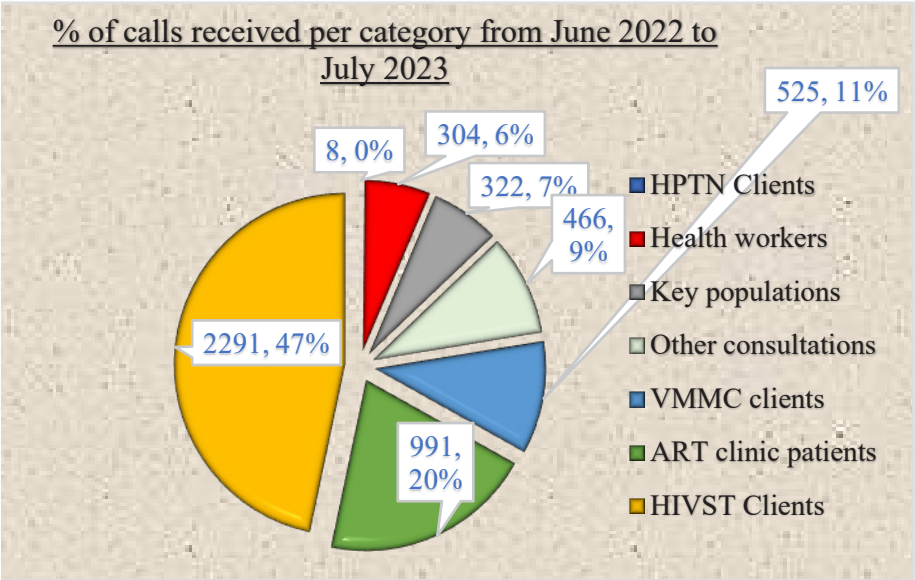
Baylor staff who attend to calls in the Call Center.

Since its inauguration in 2015, the National Paediatric and Adolescent HIV/TB Call Center at Baylor Foundation Uganda has supported over 6,650 health workers out of an overall 29,678 calls from both clients and health workers.

In FY 22/23, the Call Center offered consultations in HIV/AIDS & TB regarding opportunistic infections, treatment failure, TB diagnosis, early infant diagnosis, and drug dosing to 304 health workers from more than 34 districts of Uganda, 69% of whom were nurses and clinical officers. About 42% of the TB calls were inquiries about pediatric TB management, especially from the peripheral health facilities.

Additionally, due to increased demand for better service delivery, the Call Center provided consultations to VMMC clients, Key Populations, research studies participants, HIVST clients, and ART clinic patients at the Baylor Foundation Uganda Center of Excellence 24 hours, seven days a week and in total 4,899 calls were received this year.

The private sector's HIVST intake has surged from 24% in 2022 to 37% by the end of the project.



Baylor Foundation Uganda signed an MOU with Population Services International, Uganda, (PSIU) to support HIVST in the private sector. The Call Center attended to 2,239 HIVST clients overall from the Kampala metropolitan region. The clients were supported in accessing kits, interpreting results, and getting advice on HIV prevention services coupled with pre- and post-counseling online.

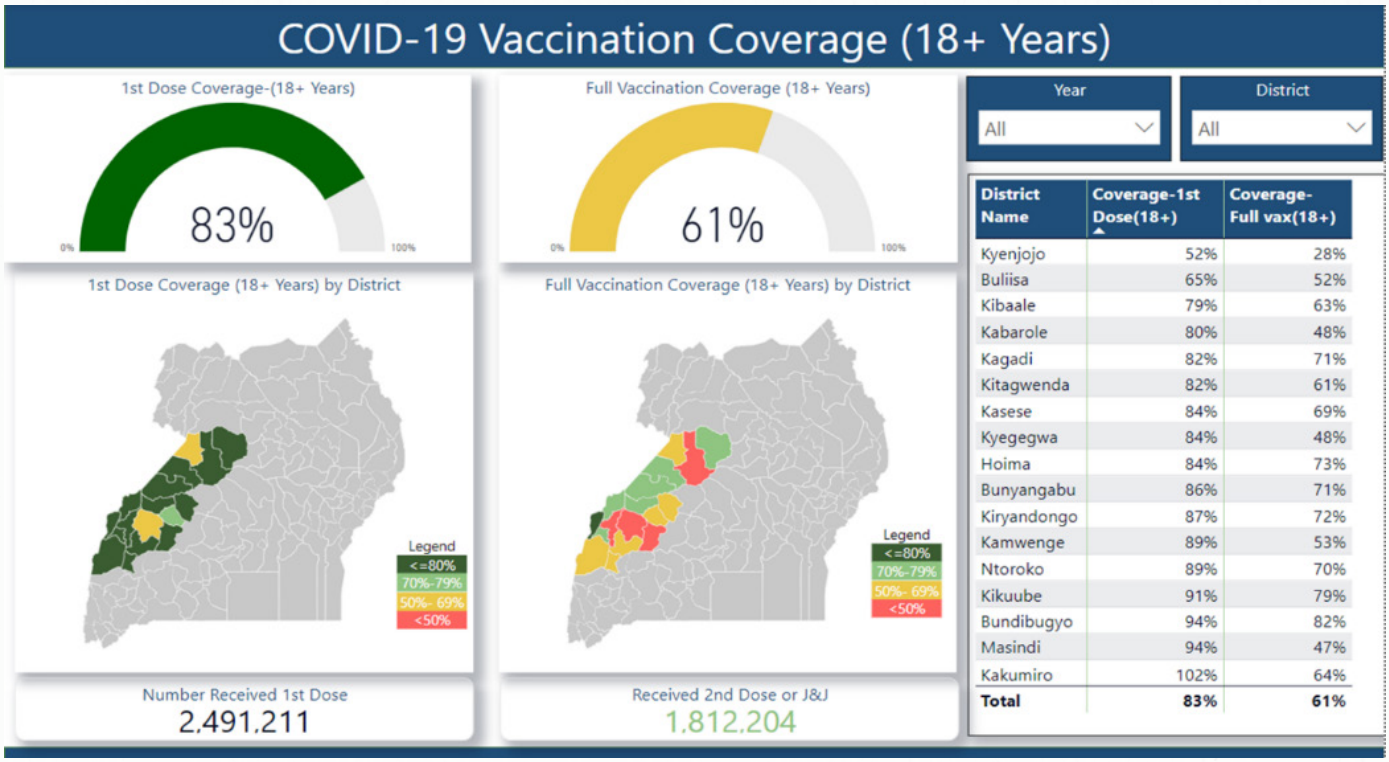
STRENGTHENING PREVENTION, DETECTION AND RESPONSE TO PUBLIC HEALTH THREATS AND EMERGENCIES

IMPLEMENTING THE GLOBAL HEALTH SECURITY AGENDA IN UGANDA

In collaboration with MOH and with funding from the Centers for Disease Control and Prevention (CDC), the United States Agency for International Development (USAID), and the United Kingdom Agency for International Development (UKAID), Baylor Foundation Uganda is improving global health security and building core capacities for International Health Regulations (IHR) in the Republic of Uganda. This support aims to improve prevention, early detection, and effective response to public health threats of national and international concern. Below are some of the activities undertaken during the reporting period.

PREVENTION OF PUBLIC HEALTH THREATS

COVID-19 vaccination: Baylor Foundation Uganda collaborated with MOH to provide COVID-19 vaccination services for target populations. Figure 1 shows the vaccination coverage achieved across all districts/cities in the Bunyoro and Rwenzori regions through the different strategic interventions.



District Name	Coverage-1st Dose(18+)	Coverage-Full vax(18+)
Kyenjojo	52%	28%
Buliisa	65%	52%
Kibaale	79%	63%
Kabarole	80%	48%
Kagadi	82%	71%
Kitagwenda	82%	61%
Kasese	84%	69%
Kyegegwa	84%	48%
Hoima	84%	73%
Bunyangabu	86%	71%
Kiryandongo	87%	72%
Kamwenge	89%	53%
Ntoroko	89%	70%
Kikuube	91%	79%
Bundibugyo	94%	82%
Masindi	94%	47%
Kakumiro	102%	64%
Total	**83%**	**61%**

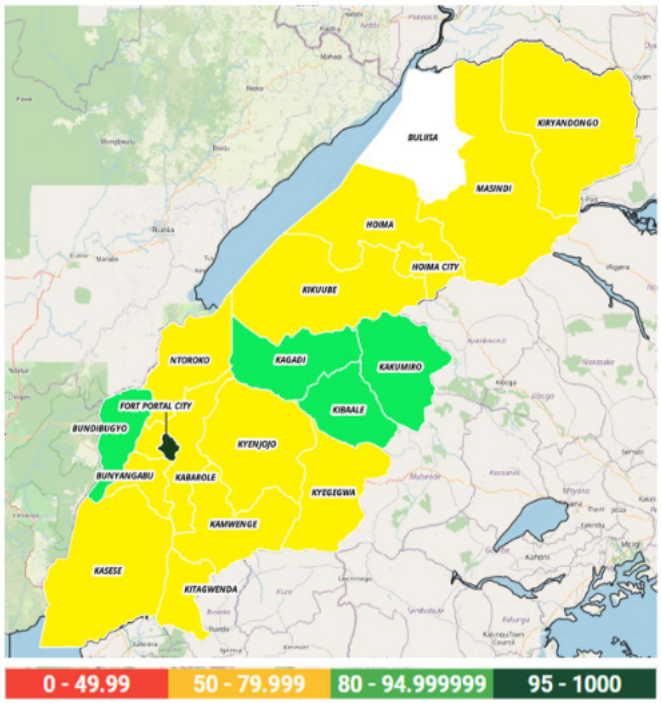
Map showing COVID-19 vaccination coverage in Bunyoro and Rwenzori regions for persons above 18 years.

Four interventions implemented to improve COVID-19 vaccination coverage in Bunyoro and Rwenzori regions

- Integrated COVID-19 into routine immunization at field sites and Baylor Foundation Uganda COE to promote access and uptake of vaccination services.
- Collaborated with community local leaders and VHTs to raise awareness about COVID-9 vaccination to improve COVID-19 uptake and reduce vaccine hesitancy;
- Conducted vaccination outreaches to reach underserved areas; and
- Redistributed COVID-19 vaccine doses from low-demand to high-demand areas to minimize wastage and improve vaccination.

Yellow Fever Preventive Mass Vaccination Campaign (YFPMVC): MOH/UNEPI and GAVI transferred YFPMVC funds to Baylor Foundation Uganda to provide technical and financial support to effectively coordinate with local governments the successful implementation of the vaccination campaign targeting children aged 9–60 in Bunyoro and Rwenzori regions.Figure 2 below shows the regions' performances.

A health worker administering the yellow fever vaccine in Fort Portal City.



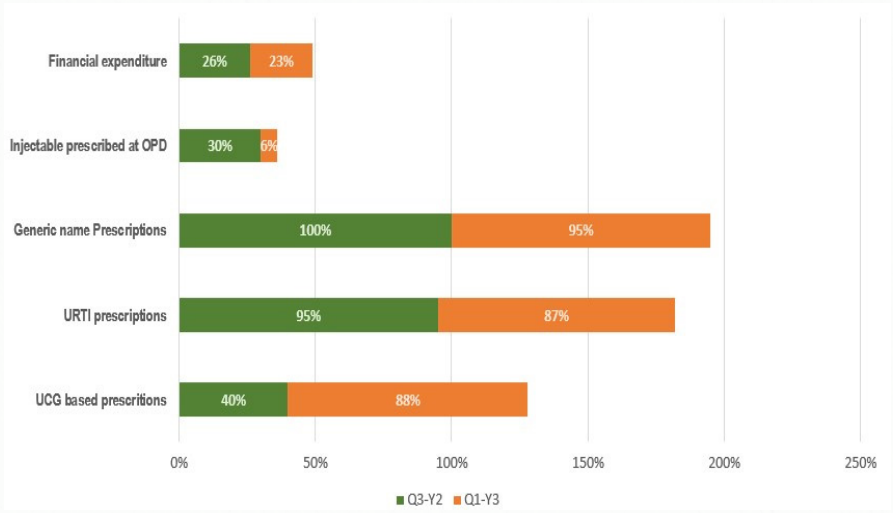
Rwenzori Region		Bunyoro Region	
District	Coverage	District	Coverage
Fort Portal	122%	Kagadi	94%
Bundibugyo	84%	Kakumiro	91%
Kitagwenda	76%	Kibaale	88%
Kasese	57%	Hoima	73%
Ntoroko	75%	Masindi	70%
Kamwenge	72%	Kiryandongo	66%
Bunyangabu	66%	Kikuube	65%
Kabarole	64%	Hoima city	64%
Kyenjojo	60%		
Kyegegwa	62%		

Age groups	Coverage	9mths – 5yrs	6yrs – 14yrs	15yrs – 60yrs
Bunyoro	77.3%	96.53%	84.71%	64.93%
Tooro	65.67%	79.3%	76.7%	52.6%

Information showing districts' performance in the YFPMVC

Antimicrobial resistance (AMR) prevention and control: Baylor Foundation Uganda trained medical personnel in the rational use of antibiotics and referred microbiology samples to CPHL for testing, leading to a reduction in financial expenditure on antibiotics at Kagadi Hospital.

GRAPH SHOWING IMPROVEMENTS RESULTING FROM THE IMPLEMENTATION OF AMR INTERVENTIONS AT KAGADI HOSPITAL



AMR occurs when bacteria, viruses, fungi, and parasites evolve, making treatment difficult and increasing the risk of transmission, illness, and death.

Infection Prevention and Control: Infection prevention and control is a measure that Baylor Foundation Uganda implemented to prevent disease transmission and ensure the safety of patients and healthcare workers in the Ebola virus disease hotspot districts of Kassanda and Mubende. This included strict adherence to hand hygiene protocols, proper use of personal protective equipment, regular cleaning and disinfection of surfaces, and implementing isolation measures. We provided training and education on infection prevention practices to staff members of healthcare facilities in these districts to prevent the spread of diseases.

EARLY DETECTION OF PUBLIC HEALTH THREATS

Laboratory systems strengthening: Through CDC and UKAID funding (in collaboration with WHO, IDI, and other partners), Baylor Foundation Uganda supported the training of 172 laboratory personnel from the five Sudan Ebola virus disease (SUDV) high-risk districts of Mubende, Kassanda, Masaka, Jinja, and Kampala on how to safely collect and transport specimens from contacts, confirmed cases, and dead bodies. Of these lab staff, 18 were directly facilitated by Baylor Foundation Uganda to collect cadaver specimens. Additionally, a total of 1,257 death alerts were received from four districts. Out of these death alerts, 1,079 (85.8%) were verified, and samples were collected from 1,006 (93.2%) by the trained lab personnel. The training further contributed to a 24-hour turnaround time for results, speeding up the diagnosis and treatment of SUDV cases.

Surveillance: With funding from the CDC, Baylor Foundation Uganda supported MOH to strengthen surveillance capacities. We supported the development and review of the national mortality surveillance guidelines and trained health workers on the 3rd edition of the Integrated Disease Surveillance and Response Strategy (IDSR) guidelines in Bunyoro and Rwenzori regions. This training improved completeness and timely reporting in the Rwenzori and Bunyoro regions and in the SUDV response districts of Mubende and Kassanda.

Launch of the Regional Public Health Emergency Operation Center (REOC) in Fort Portal

Baylor Foundation Uganda supported the Fort Portal Regional Emergency Operation Centre (REOC) set up at the regional referral hospital. The REOC can now respond to public health emergencies in the Rwenzori region.

The Minister of State for Health with the Director General of Health Services, the CDC Country Global Health Security Director, the Director of Regional Referral Hospital, representatives of the president in the districts/city, and the Executive Director of Baylor Foundation Uganda at the official launch of the REOC.

Strengthening human resources for health: Baylor Foundation Uganda seconded staff to the National Emergency Operation Centre (NEOC) and Department of Integrated Epidemiology, Surveillance, and Public Health Emergencies (IES&PHEs) to provide technical support. The team supported investigation, coordination, and response to 11 public health events. These events included Congo Crimean Haemorrhagic Fever, Anthrax, Tuberculosis, Yellow Fever, Rift Valley Fever, Monkey Pox, Measles, Meningitis Type 2, Malaria, COVID-19 and SUDV. The staff supported surveillance data analysis, generated weekly bulletins and dashboards, and facilitated regional meetings for evidence-based decision-making.

BORDER HEALTH SECURITY

Population Connectivity Across Borders (PoPCAB): Baylor Foundation Uganda spearheaded the gathering and analyzing of information about population mobility for SUDV high-risk districts to inform interventions aimed at preventing, detecting, and responding to the spread of diseases. Baylor Foundation- Uganda Foundation Uganda utilized this information to support contact tracing through 2,445 trained VHTs who followed up on 4,000 (91.6%) contacts during the EVD response.

Baylor Foundation Uganda Global Health Security PoPCAB Team Training

Supporting tabletop exercises: Baylor Foundation Uganda supported the functionalization of the Ministry of Health Border Health Unit with technical assistance from the US-CDC GBHT. Through tabletop exercises, Baylor Foundation Uganda evaluated and improved the capacity for effective public health responses at Mpondwe, Busia, Elegu, Malaba, and Mirama Hills points of entry.

Tabletops: These are formal discussions held to evaluate response plans, strengthen preparedness and response effectiveness, and identify critical gaps that need to be addressed before an outbreak.

RESPONSE TO PUBLIC HEALTH EMERGENCIES AND THREATS

EARLY WARNING ALERT AND RESPONSE

Baylor Foundation Uganda successfully integrated EMS into the alert management system, achieving **92.5% (9,942/10,749) alert verification within 24 hours** to support preparedness and response measures to the Ebola virus.

EVD RESPONSE

Baylor Foundation Uganda seconded 12 health workers to the Ebola Treatment Units to support clinical management, trauma counselling, and nutritional support to infants below two years of age who were separated from their mothers. Baylor Foundation Uganda also provided technical, financial, and logistical support to the incident management team and nine response pillars by seconding 29 additional surge staff.

THE NATIONAL EBOLA SURVIVORS' PROGRAM

With USAID funding, we collaborated with MOH to set up and implement the National Ebola Survivors Program. The program provides medical, mental, and psychosocial support services to all 87 Ebola survivors to address SUDV post-effects, stigma, and discrimination, and routine monitoring for viral persistence among 47 eligible males and four lactating mothers. We monitor the survivors per the developed MOH national guidelines to support their full recovery and integration into their societies. The MOH has also digitized monitoring tools for the survivors' program and has integrated data reporting into DHIS2.

Edward Kayiwa

Saving Lost Vision

During a health professionals' camp at the Kikandwa Survivors' Clinic in the Kassanda district, Dr. Moses Miti, an ophthalmologist, assesses Edward's vision.

Edward lives in the Kikandwa sub-county, Kassanda district, one of the districts at the center of the Ebola outbreak in Uganda. This 34-year-old gentleman is one of the Ebola survivors who have experienced eye issues, a post-Ebola Virus Disease (EVD) effect. It all started when his eyes turned red, followed by a double vision in one eye. Within a month, Edward began having persistent headaches and blurry vision, which he initially ignored until he awoke one day to find that he had lost sight in that eye.

The National Ebola Survivors' Program scheduled an ophthalmology appointment for Edward. Dr. Nanjubu Micheal, a Baylor Foundation Uganda Medical Officer who works with EVD survivors, says that redness and pain in the eyes are among the many conditions that EVD survivors report. The program is working with medical specialists to address these problems. One of these specialists is Dr. Ronald Dhirumuka, an ophthalmologist at Mubende RRH, who discovered that Edward had dead cells or 'floaters' in his eye that were impairing his vision.

Today, Edward reports that the shades are no longer present. "I can see clearly now, and I'm back on the road," he says. Edward can now travel weekly between Mubende and Busia, Kenya, a distance of approximately 344.3 kilometers. Edward's ability to resume his job as a truck driver demonstrates the effectiveness and promptness of the medical attention he received at the Survivors' Clinic. His improved vision benefits him personally and ensures the safety of other road users during his long-distance travels. Thirty-eight Ebola survivors (44%) have reported at least post-EVD eye complications during clinical reviews that have been resolved by the program with support from the United States Agency for International Development (USAID).

TAKING SERVICES CLOSER TO THE PEOPLE THROUGH COMMUNITY HEALTHCARE SYSTEMS AND STRUCTURES

In FY 2022/23, we empowered peer mothers, mentor mothers, case workers, Young Adolescent Peer Supporters (YAPS), Village Health Teams (VHTs), and peer leaders to offer comprehensive HIV service delivery in the supported districts.

Our robust community linkage systems navigate villages, tracing unlinked clients and referring them to a health facility. The systems also enable us follow up with clients who have missed appointments, and support them in returning to care. They help mobilize communities for health services and support testing services. To improve retention in care and adherence, Baylor Foundation Uganda facilitates drug refills in established Community Drug Distribution Points (CDDPs), Community Retail Pharmacy Drug Distribution Points, and Differentiated Drug Delivery in Bugisu, Bukedi, Rwenzori, and Bunyoro regions. On appointed days, the clients pick up their drugs at their convenience.
Peer leaders in these regions mobilize health education and follow-up clients on PrEP and ART in the community services to key and priority populations at 11 Drop-In Centers.

Supported health facilities collaborated with VHTs and the CSOs to conduct TB contact tracing, screening, and TB preventive therapy initiation at the household level. Baylor Foundation Uganda facilitates contact screening beyond the household to consider social contacts and others in close neighbourhoods.

Key achievements of community healthcare systems and structures

- 17,540(9.3%) clients received treatment through community service delivery models (CCDP and CCLAD).
- 13,260 TB clients had their contacts traced in the 47 target districts.
- 1,466 contacts of TB patients diagnosed with TB and 1,108 contacts started on TB treatment.
- 6,532 eligible contacts less than five years of age and 25,847 of 5 years of age and above started TB preventive therapy.

PSYCHOSOCIAL SUPPORT

With the support of USAID and CDC, Baylor Foundation Uganda supported over 500 Case Managers in Eastern, Bunyoro and Rwenzori regions to empower and engage People Living with HIV using a client-centered approach for optimal outcomes.

Yakobo Ekurani

Saved by a Lifeline

Yakobo takes his drugs regularly and promptly to maintain his viral load suppression.

Yakobo Ekurani, a resident of Buloki village, is among the 76 HIV-positive older men who receive HIV services at Iki Health Centre III in Budaka District, Eastern Uganda.

The 63-year-old had been receiving antiretroviral treatment (ART) since 2009 by the time he retired from teaching in 2021. Having nothing much to occupy him, Ekurani took on another sexual partner, spending much of his retirement package to please her. His wife threatened to commit suicide when she learned about the affair. Soon, he could not afford to provide food for the family, and compounding his problems were his nephews, who wanted to grab his land. Ekurani suffered from depression and stopped adhering to his medication. He started getting AIDS symptoms.

"People were pointing fingers at me, saying that I was going to die. I started believing them," recalls Ekurani. According to the ART In-Charge, Robinah Namugwere, 6% (221/4490) of men 50 years and older interrupt their treatment.

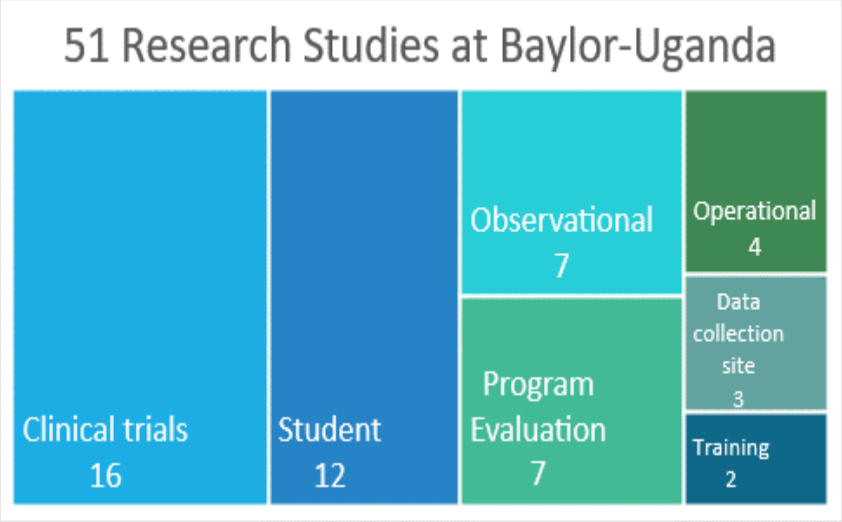
"During our weekly facility meeting, we discussed Ekurani's non-suppressed viral load results, and as his Case Manager, I quickly reached him with the news and started an adherence plan with him to get him back to stability," said Chrysostom Mwaita, a Case Management Assistant at Iki Iki HC III. Mwaita counseled Ekurani and regularly followed him up at his home to support him in adhering to treatment. Together, they identified adherence barriers and utilized his strengths and his wife's and children's support to overcome them.

Gradually, Ekurani recovered, returned to the facility, and volunteered to share his testimony with his peers. Due to his commitment and passion, his fellow clients chose him to head a savings group for PLHIVs (PEOPLE LIVING WITH HIV) who receive ART at the facility. The savings group mobilizes members to contribute money to help each other when faced with challenges. Sometimes, the members use the money to buy a few snacks, which the health workers take when visiting a child at school.

STRENGTHENING HEALTH SECTOR RESEARCH TO INFORM POLICY & PROGRAMMING

OVERVIEW

The Research Directorate aims to influence health policies positively in Uganda and beyond to enhance the lives of children and their families through evidence-based research. Baylor Foundation Uganda is conducting 51 studies, including clinical, operational, observational, implementation research, and program evaluations, to offer viable solutions to global health issues, particularly HIV, TB, NCDs, MNCH, and global health security.



INFLUENCING GLOBAL HEALTH POLICIES TO IMPROVE PATIENT OUTCOMES

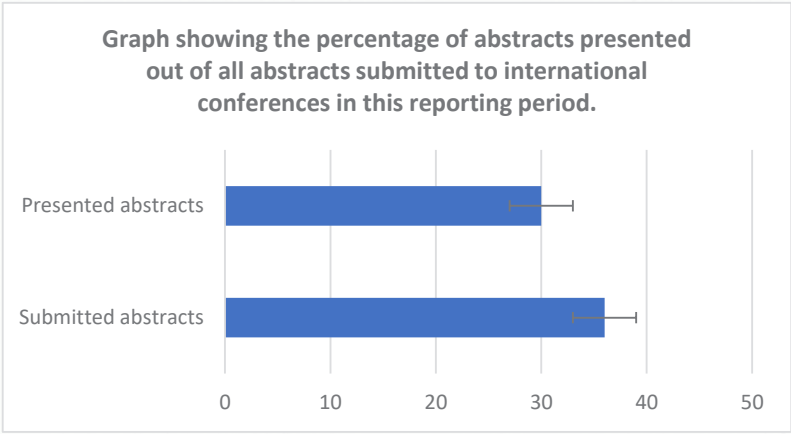
Baylor Foundation Uganda has contributed to the global dispersible dolutegravir-based antiretroviral therapy (ART) roll-out for younger children (3 kg and less than 14 kg) that is safe and highly effective, ultimately reducing the risk of treatment failure in infants and young children through the Odyssey-Penta-20 clinical trial.

Baylor Foundation Uganda further participated in the HPTN084 trial, where the FDA approved the use of long-acting cabotegravir injection (CAB LA shots) as a pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV among adults and adolescents. In some countries, cabotegravir/rilpivirine (LA-CAB/RPV) is also the only LA injectable ARV regimen approved as a full course of HIV treatment for adults and adolescents who are virologically suppressed (>35 kg and >12 years of age). Baylor Foundation Uganda is implementing **three** clinical trials supporting this cause: The **LATA trial** is sponsored by MRC UK, while the other two are funded by NIH (**IMPAACT 2017** and **IMPAACT 2036**).

PROVIDING EVIDENCE-BASED RECOMMENDATIONS AND INSIGHTS

30 out of 36

Best practice abstracts submitted by Baylor Foundation Uganda were accepted and presented at different conferences. The Baylor team also published 20 peer-reviewed articles over the last year.



CONDUCTING IMPLEMENTATION RESEARCH

TB GAPS study: The first of its kind in Sub-Saharan Africa, Baylor Foundation Uganda is implementing the TB GAPS study to evaluate the effectiveness of a new screening and diagnostic approach over time in improving healthcare TB outcomes of children, particularly orphans and vulnerable Children (OVCs), adolescents and adults living with HIV in urban and rural areas in Uganda. The adherence choice sub-study will also explore factors influencing adherence to the recommended healthcare interventions.

Results-based financing (RBF): Owing to the decline in global HIV funding, requests for innovations to sustain the gains on the road to achieving HIV epidemic control have increased. Baylor Foundation Uganda is piloting RBF for HIV programming in the Rwenzori region (mid-Western Uganda) to evaluate its impact on service utilization and quality of care for essential HIV care services for possible future scale-up.

COLLABORATIONS AND PARTNERSHIPS

Baylor Foundation Uganda continues to maintain collaborations with 30 institutions to advance science and research priorities at national and global levels. To maintain these important relationships, in FY22/23, there were over ten international and local meetings, including presentation of findings from scholarly grants and community engagement activities. These activities brought teams and interested parties from different countries, including the HPTN (HIV Prevention Trials Network) annual meeting in Washington DC; ACTG Network meeting in Washington, DC; Joint John Hopkins University clinical trial unit meetings; AIDS 2022 Conference in Montreal, Canada; HPTN084 regional meeting/training; HVTN Sub Saharan regional meeting in Johannesburg, South Africa; VAT000008 study Investigator meeting in Nairobi, Kenya; CHAPAS-4 meeting funded by the Medical Research Council-UK (Lusaka, Zambia), and the HVTN full group meeting at Omni Shoreham Hotel, Washington, DC.

Executive Directors (Dr Kiragga- Baylor Uganda and Dr Musoke-MUJHU) and the Baylor research team in a collaborative activity.

CAPACITY BUILDING IN THE BAYLOR Foundation Uganda RESEARCH DIRECTORATE:

Capacity building is for staff and infrastructure to build skills and enhance research tools or environment, respectively.

THE RESEARCH COMMUNITY

Baylor Foundation Uganda CAB (Community Advisory Board) members continue to participate actively and engage communities involved in the different studies to build and foster partnerships between researchers and local study communities. Ms. Cissy Ssuuna participated in developing the Research Community Guidelines on behalf of Baylor Foundation Uganda.

No	Collaborator	Country
1.	Division of AIDS (DAIDS)	USA
2.	MRC	UK
3.	H3Africa	EU
4.	Karolinsika	Sweden
5.	TB Union	France
6.	CDC	USA
7.	DNDi	Switzerland
8.	EGPAF	Uganda
9.	PENTA	Italy
10.	JHU	USA
11.	IDRC	Uganda
12.	University of California	USA
13.	EDCTP	EU
14.	MAKChs	Uganda
15.	Yale Medical School	USA
16.	Rutgers University	USA
17.	CIPHER	Switzerland
18.	NIH	USA
19.	SAMRC	SouthAfrica
20.	Sanofi Pastuer	USA
21.	NICHD	USA
22.	Eunice Kennedy Shriver	USA
23.	NIMH	USA
24.	Swedish Research Council	Sweden
25.	ISID	USA
26.	BCM Children's Hospital Texas	USA
27.	LSHTM	UK
28.	University of Ottawa	USA
29.	University of ioWA	USA
30.	Gilead Sciences	USA
31.	Serious fun children's Network	USA
32.	ViiV HealthCare	USA

Baylor Foundation-Uganda CRS leadership gives the CAB teams tablets to ease communication.

In response to the changing trends and digitalization of meetings, as well as improving capacity, Baylor Foundation Uganda equipped the CAB members with 20 tablets to facilitate their work.

Baylor Foundation Uganda has 114 peer-reviewed publications.

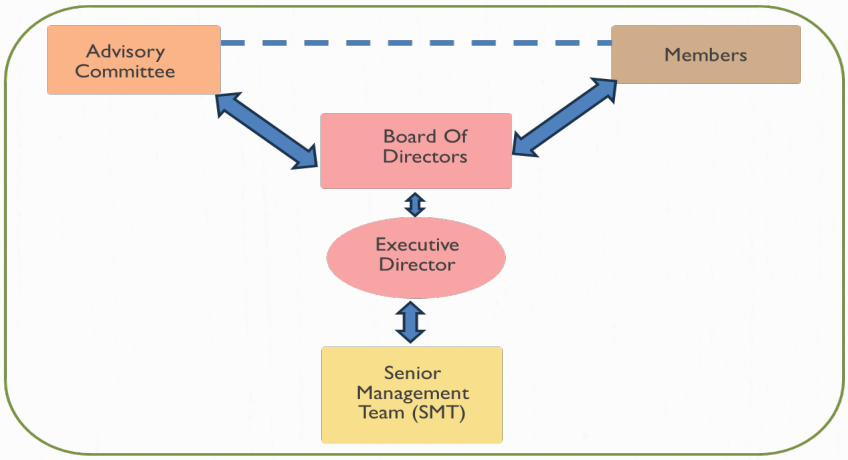
Dr. Dithan Kiragga (second from the left) with some of the Baylor Foundation-Uganda Board members after paying a courtesy visit to Hoima District Local Govt leadership during their support supervision activity in the Bunyoro region.

ORGANIZATIONAL DEVELOPMENT SYSTEMS FOR ACCOUNTABILITY AND GOOD GOVERNANCE

CORPORATE GOVERNANCE

Baylor Foundation Uganda has a governance structure comprised of Members, the Advisory Council, the Board of Directors, the Executive Director, and the Senior Management Team that operationalizes the organization's day-to-day functions.

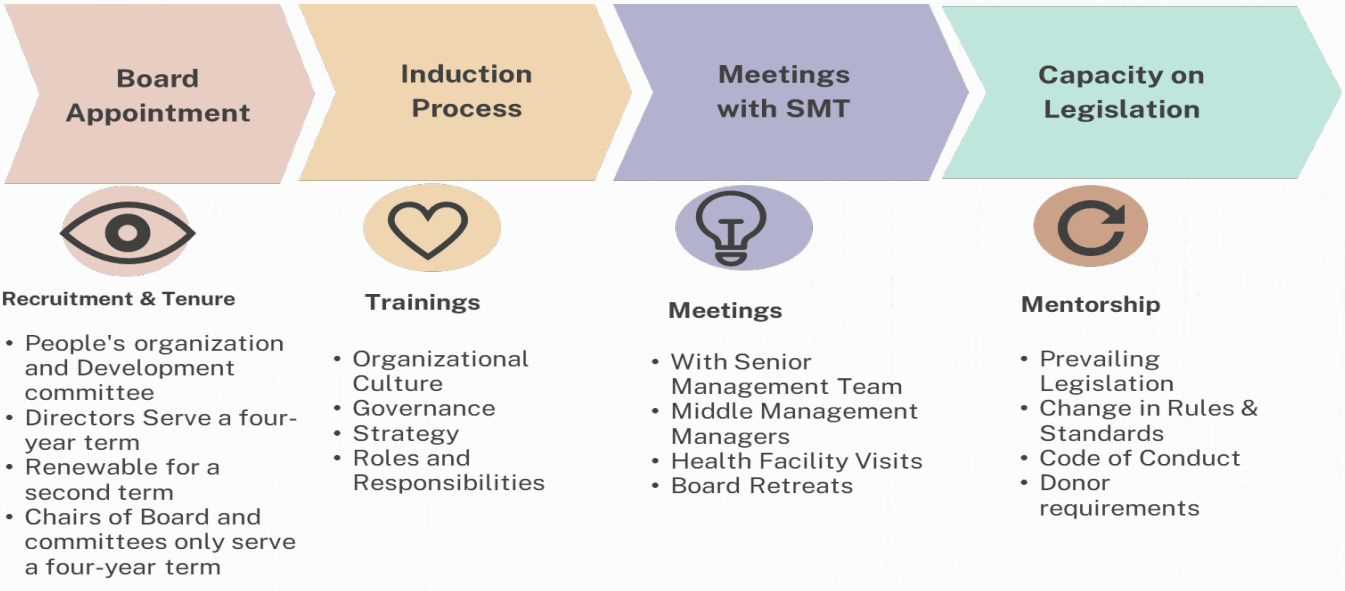
Baylor Foundation Uganda's Organization Governance Structure.



THE BOARD OF DIRECTORS

The Board comprises twelve non-executive and independent directors, ten (83%) Ugandans, and two US Nationals seconded by BIPAI. **Four (33%) of the Board are female**. The Board meets quarterly to review the organization's performance and discuss and approve pertinent matters.

Board Recruitment, Induction and Training:



Following the appointment of the Board Directors, rigorous engagements are supported to keep the team up to date with the Vision, Mission, and organizational culture of Baylor Foundation Uganda.

BOARD OF DIRECTORS

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 the 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 managing complex health programs in Africa and Asia. He previously served as a Chief of Party (COP) for three US- supported health projects, including the USAID's Regional Health Integration to Enhance Services in the North, Acholi (RHITES-N, Acholi where he 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. Dr. Kiragga has also managed critical health service infrastructure rehabilitation and established functional health systems on World Bank post-conflict projects in East Timor and Rwanda. He 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 the World Health Organization (WHO)/ African Medical and Research Foundation (AMREF). He has over 24 years of experience in sector management and is currently the Principal Administrator of Mulago National Referral Hospital.

MR. KIZZA JOSEPH -
CHAIR BOARD AUDIT COMMITTEE

Before diversifying into accounting, Mr. Joseph Kizza practiced as an educationist for eight years. He 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 public, private, and NGO organizations. Joseph is the managing partner of KIZZA & CO., a public accountancy practice in Uganda. Joseph is also a member of the sector audit committee of the Justice, Law and Order Sector of the Government of Uganda (JLOS).

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 of experience and is currently the Director of Corporate Services at Uganda National Roads Authority. She has broad finance management experience in private, public, and not-for-profit organizations. She holds a Bachelor of Statistics Degree and a Master of Science in Accounting and Finance from Makerere University. Edna retired from the board in November 2022.

DR. JOSHUA MUSINGUZI
CHAIR BOARD PROGRAMS COMMITTEE

Dr Joshua Musinguzi is a seasoned Public Health Specialist, currently the Assistant Commissioner of the 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' experience as an HR professional across all levels of management, allowing her to provide comprehensive solutions to organizations seeking to enhance their talent capacity. She has successfully navigated the complexities of client, government, and donor relations. Harriet is the founder of Hom Consulting Limited, an organization that helps address the ever-evolving management challenges faced by businesses today..

MR. THOMSON ODOKI -
MEMBER BOARD PROGRAMS AND BOARD AUDIT COMMITTEES

Mr. Thomson Odoki's diverse educational background in management studies (Masters), project planning and management (Post-Graduate), social work, and administration (Bachelors), as well as 32 years of practical experience working with advocacy and capacity-building programs has enabled him to improve the welfare of children and youth with government, international, and national civil society organizations in Africa. In addition, Mr. Thomson Odoki received a Diploma in Accounting for Business and Management from Cambridge International College, England, and a Certificate in Advocacy from the Centre for Family Studies, Nairobi, Kenya.

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

Mr. Albert Beine is a seasoned tax expert and auditor with over 20 years of experience in the tax industry. Mr. Albert Beine holds a degree in Economics from Makerere University, Kampala, and a postgraduate Diploma in Taxation and Revenue Administration (PODTRA). Mr. Albert Beine has experience across various aspects of taxation, from compliance to tax advisory and international/ cross-border taxation. His earlier career experience in taxation was as a tax auditor at the Uganda Revenue Authority and later as a Tax Manager and Tax Director for 14 years at two of the Big 4 audit firms. He is a member of the Rotary Club and is a Paul Harris Fellow (PHF)

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

Mr. Patrick Ngolobe joins the Board of Baylor with 20 years of extensive experience in human resources, a career that has seen him work for top-tier companies in the market, including MTN Uganda, Uganda Breweries Limited (a subsidiary of East Africa Breweries and Diageo PLC), and Umeme Limited, showcasing his ability to drive organizational transformation and talent development. Mr. Patrick Ngolobe is a Managing Partner at Africa Executive Leadership Solutions, a consulting firm in human resources, organizational development, and business advisory services. He is President Emeritus of the Human Resources Managers' Association of Uganda. Currently, he serves on the Human Resources Committee of the Board for FOWODE and the Smart Girls Foundation, among others. Mr. Patrick Ngolobe is passionate about building and enabling leadership 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 the Manager for Texas Children's Global Health. He earned a Doctor of Jurisprudence from South Texas College of Law and a Bachelor of Arts in International Studies from the 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 the Bilateral Chamber of Commerce. Adam has also served as Executive Director of the Houston World Trade Center and World Energy Cities Partnership. Adam serves on the President's Advisory Board at the University of St. Thomas and the 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, and Design Council. He is also a graduate of the Center for Houston's Future

MONICA KASIRYE KAVUMA -
MEMBER BOARD FINANCE COMMITTEE

Monica Kasirye Kavuma (ACCA, CPA, BCOM) is a seasoned finance professional with over 18 years of expertise in External and Internal Audit, Banking, Telecom, Off-Grid ventures, and Entrepreneurial support. Currently serving as the Head of Finance at SICPA Uganda Limited, she plays a crucial role in shaping the organization's financial landscape with a focus on the Environmental, Social, and Corporate Governance (ESG) agenda.Monica excels in Leadership, Strategic Planning, Enterprise Risk Management, Treasury Operations, Corporate Governance, and Tax Planning. Her track record includes leading finance teams in rapidly growing companies, showcasing her adeptness in dynamic business environments.

Beyond her corporate role, Monica is a dedicated financial coach who is passionate about instilling financial awareness.

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HEATHER HAQ -
MEMBER BOARD FINANCE COMMITTEE

Dr. Haq is currently an Assistant Professor in the Department of Pediatrics at Baylor College of Medicine (BCM) and the Chief Medical Officer for the Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI). She has more than a decade of broad experience in global child health and international public health, including clinical experience along the continuum of pediatric care for children living with HIV and has experience in working and living in Uganda.

Board Committees:

The Board committees operate effectively through four committees that consider key matters. The Committees meet independently of the Board and before the substantive Board Meeting.

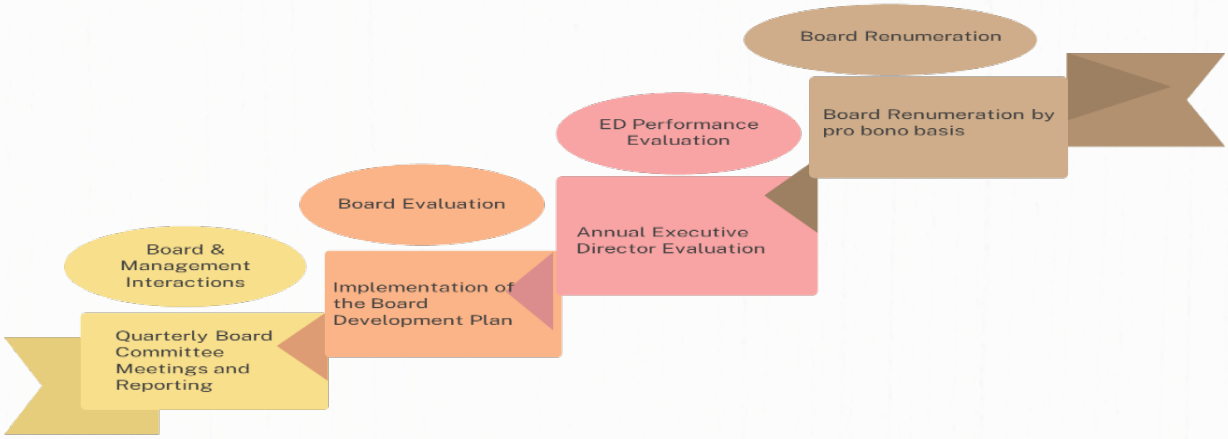
People Organization and Development Committee (POD): Assists the Board in fulfilling its corporate governance development and performance. POD supports management to ensure an optimal organizational structure and best practic

Board Finance Committee: Helps the Board in meeting its fiduciary responsibilities to all stakeholders and ensures that Baylor Foundation Uganda complies with international accounting standards and best financial management practices.

Board Audit Committee: Provides assurance to the Board in fulfilling its oversight responsibilities relating to Baylor Foundation Uganda's risk management and internal control framework, integrity of financial reporting and auditing processes and activities.

Programs Committee: Advises the Board on strategic and policy issues regarding health program development. It also oversees and evaluates the quality and sustainability of health programs and their implementation by Baylor Foundation Uganda

Board & Management Interaction, Board Evaluation and Remuneration:



The Executive Director and the Senior Management Team (SMT) report to the Board and conduct Board committee meetings quarterly, annual ED performance evaluations, and a pro bono remuneration approach to the Directors.

FY 2022/2023 Board activities:

In FY 22/23, the Board held all four quarterly Board meetings and one extra-ordinary Board meeting. Notable outcomes included.

SENIOR MANAGEMENT TEAM

DR. DITHAN KIRAGGA, EXECUTIVE DIRECTOR (MBCHB (MUK), MPH (Liverpool), and MSC (London) and is currently pursuing a PhD in Public Health at Walden University, USA)
Dr. Kiragga is a public health physician with over 20 years of experience providing technical leadership and managing complex USG-funded health programs in developing countries; fostering collaborations with USG agencies, GOU, MOH, its related agencies, international and local implementing partners, and other key stakeholders.

DR. DENISE BIRUNGI, DIRECTOR OF PROGRAMS (MPH, MBA, First degree in Human Medicine and Surgery)
Dr. Birungi is a certified physician with over ten years of experience in technical and strategic leadership in designing, executing, and managing public health programs, particularly TB/HIV.

MS. MARIE SOLOME NASSIWA-MARTIN, DIRECTOR OF FINANCE (FCCA- UK, CPA-Uganda)
Ms. Nassiwa has over 15 years of work experience, extensive financial and commercial knowledge in regional and international contexts, and in-depth knowledge of USG fund accounting processes, reporting, and compliance.

DR. PETER ELYANU, DIRECTOR OF GLOBAL HEALTH SECURITY (MBChB, M. Med, MPH, Ph.D.)
Dr. Elyanu is a public health specialist with over 20 years of work experience leading national programs and strengthening sub-national level capacity to implement programs and understanding global health security operations.

MR. ALBERT MAGANDA, DIRECTOR OF STRATEGIC PLANNING, M&E (Masters, Biostatistics)
Mr. Maganda has over 20 years of work experience in resource mobilization, implementing the organization's strategic plans and monitoring and evaluating program performances.

DR. LETICIA NAMALE, DIRECTOR OF HEALTH SYSTEMS STRENGTHENING (MBChB, MSC, MBA)
Dr. Namale is a medical doctor with 20 years' work experience, 10 of which in health programs coordination and management and capacity building of healthcare providers in leadership and governance skills.

DR. PATRICIA NAHIRYA NTEGE , DIRECTOR OF RESEARCH (MBChB, M.Med)
Dr. Ntege is a Paediatrician with more than 15 years of experience in conducting pediatric and adolescent clinical trials on HIV treatment and prevention and COVID-19; currently the site principal investigator on the HPTN084 and COVPN3005 clinical trials, and co-investigator for several trials within the IMPAACT network, and several COVID-19 vaccine trials.

MR. JAMES OWONA, HEAD OF HUMAN RESOURCES (Msc – HRM, MBA, B.A. SS)
Mr. Owona is a human resource professional with over 15 years of experience in strategic HR leadership, organizational transformation, talent, and performance management.

MR. LINO NYINGALING, HEAD OF INTERNAL AUDIT (FCCA, MBA)
Mr. Nyingaling has over 15 years of work experience in internal audit and risk management, introducing risk-based audit in development/donor-funded organizations and compliance, especially for USG funding.

MR. PETER MUGAGGA, HEAD OF OPERATIONS (MBA, BA Int. Business, Diploma. BA. Management)
Mr. Mugagga is a professional with over 20 years of experience in Administration, Operations, Procurement, and logistics management in commercial and donor-funded environments.

INTERNAL AUDIT AND RISK MANAGEMENT

Baylor Foundation Uganda recognizes the Internal Audit Directorate as a strategic unit that promotes governance, assesses risk management practices, and improves 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 (BAC) and the Executive Director.

The internal audit function's work adheres to the Institute of Internal Auditors International Standards for the Professional Practices of Internal Auditing.

Internal Audit

The Internal Audit function provides an independent and value-adding assessment of the Baylor Foundation Uganda Governance, Risk, and Control adequacy and effectiveness to Management and the Board of Directors. It further provides control expertise to minimize risks, improve process quality, and enhance the effectiveness, efficiency, and economy of the Baylor Foundation Uganda Operations.

Work Programs

Internal Audit also provides audit, assurance, advisory, and consulting services/products. The product selection for each engagement is primarily determined by the maturity of the process to be reviewed and the client's needs.

Audit and Assurance Services

This provides the Board Audit Committee (BAC) and management with independent assurance on the organization's risk management, control, and governance processes.

Advisory and Consulting Services

This is non-binding advice on risk management, control, and governance processes. A summary of the work is reported to the BAC.

Audit and Assurance work undertaken in the financial year

Internal Audit work was undertaken within a risk-based auditing framework. The audits selected for inclusion in the annual audit plan arose through the systematic identification of all areas of significance from an audit perspective and the determination of audit project priorities by assessing criteria relating to risk, taking into consideration inherent risks, important organizational changes, new initiatives, emerging priorities, and other relevant factors. The Board Audit Committee approved the risk-based audit plan.

During the reporting period, Internal Audit completed all **eight (8) planned audits**. In addition, **four (4) investigations** were completed. Recommendations/corrective actions from these audits and investigations strengthened the organization's stewardship.

Using the observations tracking tool (OTT), Internal Audit successfully monitored the implementation of prior audit recommendations/ corrective actions for both external and internal audits. **Over 90% of the prior audit recommendations/corrective actions were implemented**.

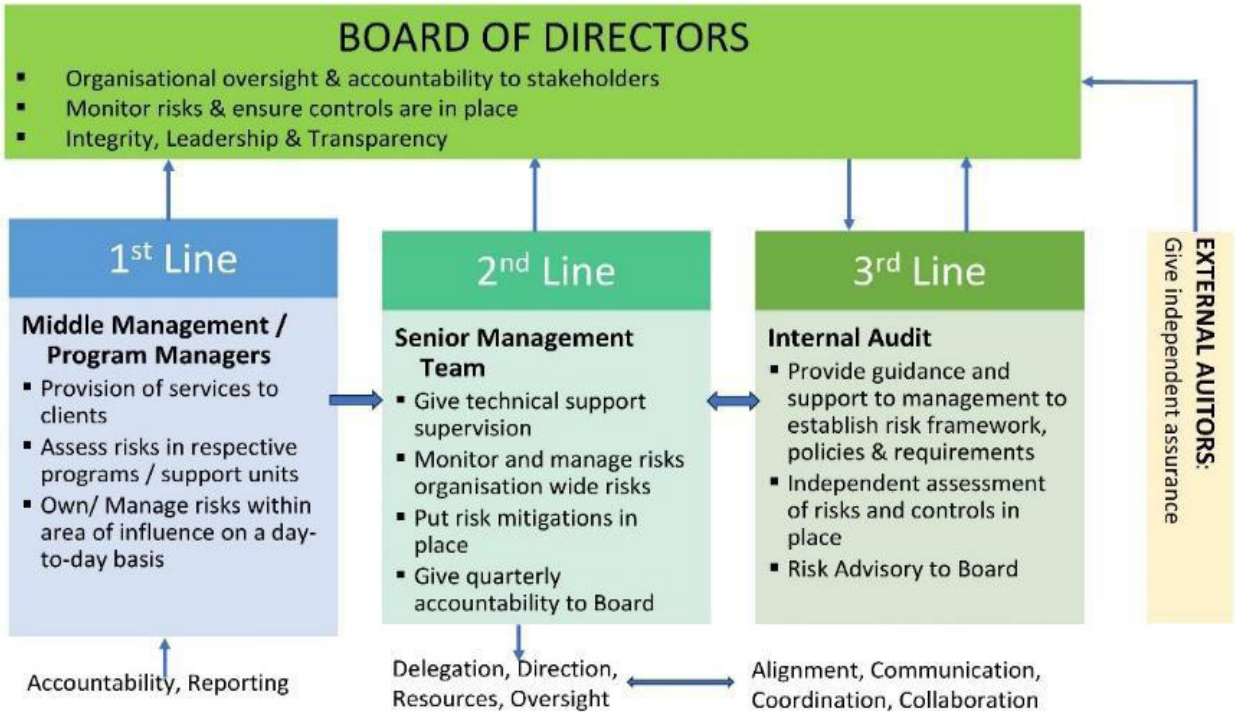
Risk Management

Effective risk management supports delivery of our strategic objectives and the sustainable growth of our business. The Board of Baylor Foundation Uganda is ultimately responsible for managing risk through the Risk Management Committee (RMC) and setting the organization's risk appetite. A robust risk management governance framework is in place, which enables the organization to prioritize and manage risk effectively within our risk appetite levels. This includes risk identification, assessment, treatment, monitoring, and reporting.

Risk Assessment:

Baylor Foundation Uganda incorporates organization-wide top-down and bottom-up evaluation to determine the likelihood of occurrence and potential impact of risks on the organization. Input is obtained from various levels through one-to-one interviews and surveys, which are consolidated to produce the Entity-wide Risk Register. Our risk universe forms the basis of conversations, and additional new and emerging risks are added as they are identified, assessed, and scored. The output from this process is consolidated to determine the principal risks and uncertainties for the organization. Senior Management Team (SMT)/RMC review and validate these risks, providing further input before submission to the BAC and Board for final consideration and approval.

Baylor Foundation Uganda Three Lines of Defense Risk Governance Model:



Internal Audit presents the risk dashboard to the BAC quarterly

During the period, the organization identified and assessed ten emerging risks and added them to the list of our principal risks after undergoing review and approval processes as per the risk management framework.

Our Principal Risks Matrix:

Risk Category	Risk Description	Risk Drivers and Sources	Risk Response	Results
Strategic / Operational	Cyber threats/data breaches impact the quality and availability of services, trustworthiness and reputation, and financial stability.	1. Inadequate management controls. 2. suboptimal capacity to monitor and support 3. Limited resources (financial, personnel, technology, etc.)	1. We regularly update ICT systems/controls and conduct regular penetration tests. 2. We built the capacity of staff to prevent, detect, delay, and report any data breaches. 3. We allocated resources to strengthen ICT systems.	Improved security over information.

Compliance	Potential penalties and sanctions for noncompliance with laws and regulations, policies/procedures, and donor requirements that could impact the financial status and image	1. Continuous enactment of new laws and regulations and changes in donor requirements. 2. Continuous changes in professional standards	1. We monitor and respond to changes in laws, regulations, and donor requirements. 2. We conduct regular compliance assessments to identify/address gaps 3. We train our staff regularly on changes in legislation donor requirements.	1. No penalties for non-compliance with laws/regulations and donor requirements. 2. Our external auditors issued an unqualified/ clean audit opinion.
Strategic	Suspension/ reduction in funding from our major donors could lead to non-achievement of the strategic objectives	1. Adverse donors' reaction to the Anti-homosexuality bill/law. 2. Suboptimal performance of the continuing projects due to reduced scope/coverage.	1. We engaged donors and GoU concerning non-discriminatory service delivery and safety. 2. We developed a restructuring plan as part of the Business Continuity Plan. 3. We strengthened strategic networking, donor engagement, and repositioning.	1. Increased proposals' success rate, number of donors, and funds. 2. Improved donor retention rate.
Strategic / Operational	Highly skilled and competent staff attrition rate could lead to failure to achieve project-specific and strategic objectives.	1. Uncertainty over awarding of new grants for projects soon ending. 2. Competitors offer more attractive salaries and benefits. 3. Insufficient workforce talent and diversity management	1. We diversified the program scope. 2. We conducted Resilient training. 3. We contracted a service provider to conduct a salary survey, salary structure review, and reward system.	Low staff attrition rate
Strategic / Operational	Partnership with untrustworthy / non-credible partners, which could lead to misappropriation of funds/falsification of outputs (Result Based Financing) and non-achievement of programs' targets	1. Inadequate due diligence at engagement of the partners. 2. Poor CSO governance structure and inadequate capacity of staff. 3. Inadequate monitoring of subgrant activity implementation and accountability processes.	1. We trained Board members of CSOs and their staff in financial management. 2. We built strong systems to vet potential partners, monitor subgrant activity implementation, and verify accountabilities and outputs.	Improved accountability of funds by the partners.

Challenges Faced During the Year

Reduced productivity of employees due to anxiety out of the ending ACE-Fort project. During the year, we witnessed a few resignations among the ACE-fort project staff as the project was in its final year.

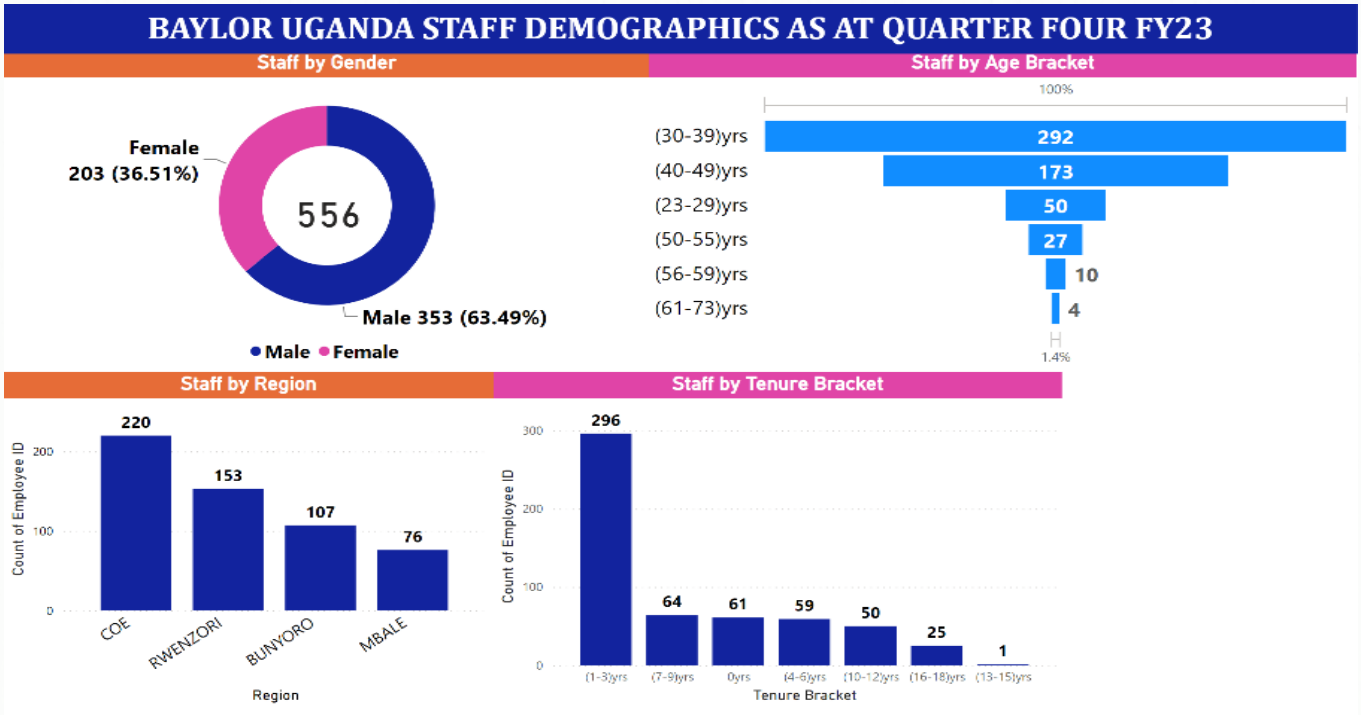
Staff exodus to new projects outside Baylor Foundation Uganda. We also witnessed over 10 staff exit to join new projects doing similar work, especially to the Uganda Health Activity for better pay and career growth. This affected all projects, especially the ACE-Bunyoro and LPSHE-E.

Inadequate resources: Transforming an organization requires significant resources, including time, money, infrastructure, and personnel. During the year, we received new projects that required a quick turnaround, which stretched the capacity of existing resources. In addition, the 15-year-old infrastructure at CoE is becoming dilapidated and will require a significant allocation of funds to renovate and cater to the increased Baylor Foundation Uganda business. The current fleet has also grown old and requires overhaul.

HUMAN RESOURCES MANAGEMENT

Diversity, Gender, and Inclusion

Baylor Foundation Uganda has a diverse workforce that reflects the communities that we work in. Local staff at health facilities are recruited directly from the local communities. Our workforce is comprised of 36% (200) female and 64% (354) male.



We are proud to see the ongoing progress in gender diversity at all levels within the organization, with senior management now comprising 40% female and 60% male.

Additionally, Baylor Foundation Uganda employs a multi-generational workforce that brings valuable perspectives and insights into our work. The age ranges from 23 to 72, and our current average age is 37.

Our People

Baylor employed an average of 522 staff compared to 466 in the previous year. The total headcount as of the end of the year was 554. The increase was mainly due to the growth in our programs.

In partnership with District Local governments, Baylor Foundation Uganda employed of 1,867 Human Resources for Health personnel based at health facilities.

98.4% of all positions were filled at the end of the year compared to 94.7% in the previous year, showcasing

improvement in the efficacy of our recruitment strategies and processes. A total of 128 new staff members joined our ranks, with 40% being female and 60% male, demonstrating our commitment to gender-balanced recruitment.

Additionally, we take pride in promoting talent from within our organization, as **16% (21)** of all the new hires were internal promotions. In the end of the financial year, we retained all (100%) of our critical talent.

Senior appointments

Dr. Patricia Nahirya Ntege was promoted to Director of Research (Internal promotion), and **Mr. Alexander Mugume** was appointed as Project Director for the USAID-funded Local Partner Health Services East Activity.

Diversity and Inclusion

Baylor Foundation Uganda has a diverse workforce that reflects the communities that we work in. Human Resources for Health personnel based at facilities are recruited directly from the local communities. The workforce composition is characterized by 36% (200) female employees and 64% (354) male employees. We are proud to see the ongoing progress in gender diversity at all levels within the organization, with senior management now comprising 40% female and 60% male employees. Baylor Foundation Uganda employs a multi-generational workforce that brings valuable perspectives and insights into our work. The average age of our team members was 37 years.

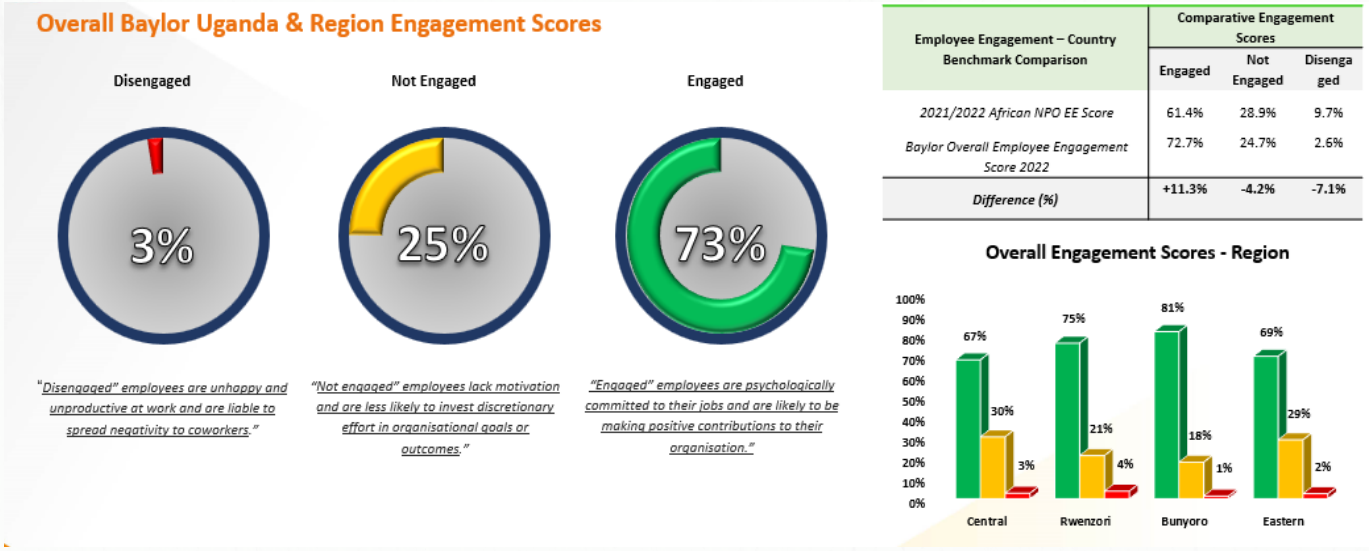
Employee Engagement

Employee engagement is a key focus at Baylor Foundation Uganda. We undertook our first-ever employee engagement survey. Our staff engagement score for the year stands at an encouraging 73%, indicating a positive and motivated workforce, and 88% of our staff members recommend Baylor Foundation Uganda as a great workplace. In the year, we intensified our efforts in building an engaged workforce through strengthening employee voice initiatives, implementing employee wellbeing initiatives such as resilience trainings, psycho-social and career development support to staff in transitioning projects, and strengthening how we recognize and reward good performers.

Professional development, talent development and learning

Ms. Mary Kabajungu, Baylor Foundation Uganda Change And Customer Care Champion 2023

Baylor Foundation Uganda is very deliberate about investing in staff. All staff undertook mandatory compliance training and ongoing one-hour weekly continuous professional sessions. 38 staff development initiatives were completed during the year. Six staff were sponsored for master's degree training. We also implemented an in-house management skills development training titled "Leading @ Baylor" for all senior and middle management as a critical intervention to improve the supervisory skills of our people leaders. We will continue investing in growing our people through strengthening performance management and career development initiatives.



Employee Engagement – Country Benchmark Comparison	Comparative Engagement Scores		
	Engaged	Not Engaged	Disengaged
2021/2022 African NPO EE Score	61.4%	28.9%	9.7%
Baylor Overall Employee Engagement Score 2022	72.7%	24.7%	2.6%
Difference (%)	**+11.3%**	**-4.2%**	**-7.1%**

- Overall, Baylor Foundation Uganda's engagement score was 11 % points higher than African region comparators.
- Actions such as strengthening the performance management system and developing career pathing options for staff are being implemented to address the areas identified for improvement from the engagement survey.

BUSINESS OPERATIONS

The Directorate of Operations continued to support all Baylor Foundation Uganda programs collaboratively through effective and efficient provision of administration and logistics, procurement and disposal, store management, ICT (Information and Communication Technology), Business Services, and Facilities management.

OFFICES: We continue to support the start-up and rollout of new Baylor Foundation Uganda program activities through strengthened and heightened partnerships with district local government, regional referral hospitals, and health facilities administration. Working through the respective district leadership structures, i.e., Chief Administrative Officers, District Health Officers, and District Chairpersons, we have quickly and effectively set up program offices embedded within the respective district premises to promote district–led programming wherever Baylor Foundation Uganda operates from.

In FY 2022/23, Baylor Foundation Uganda operated from thirteen (13) cluster offices, three (3) regional offices, and our Head Office at the COE in Mulago.

IT SUPPORT SERVICES: Providing stable internet connectivity across all program areas, with a special focus on district and health facilities. We have provided both hardware (laptops, desktops, printers, and data capturing and reporting accessories, that have ensured timely program reporting.

We continued to provide software updates and systems upgrades as part of business process automation to ensure the continuity of healthcare delivery services and improve communication and program reporting. This has enabled the number of sites implementing EMR to attain the 95% target.

In FY 2022/23, Baylor Foundation Uganda prioritized technological innovations to enhance staff collaboration and productivity and leveraged Microsoft 365 tools and other platforms to improve communication, file sharing, and real-time collaboration and communication, leading to increased productivity.

CYBERSECURITY AND DATA PROTECTION MEASURES: Baylor Foundation Uganda enforced several cybersecurity measures to protect against cyber threats and continues to manage and safeguard data, ensuring compliance with the Data Protection and Privacy Act and other relevant regulations and standards.

The institution has embarked on a digital transformation roadmap that will digitalize all operations for improved efficiencies and reduce our carbon footprint (paperless).

FLEET MANAGEMENT: Addition of twenty-three (23) vehicles in the reporting period.

Replacement of the old fleet plus buying new vehicles for the new programs has helped improve service delivery and attainment of set donor and organizational targets. This has also improved operational efficiency and cost containment.

The timely delivery of these vehicles and motorcycles for the ACE Bunyoro Project, mainly used by the M&E team for data collection, has contributed to the care and treatment team's efforts towards continuity of care, improving program performance and reporting across the region.

Our motorcycle riders (both Baylor Foundation Uganda staff and partners) and our fleet and distribution assistants (drivers) have been trained in defensive riding/driving and basic mechanics. This has seen a reduction in the cost of maintenance and, therefore, an improvement in cost containment and a reduction in the number of road accidents.

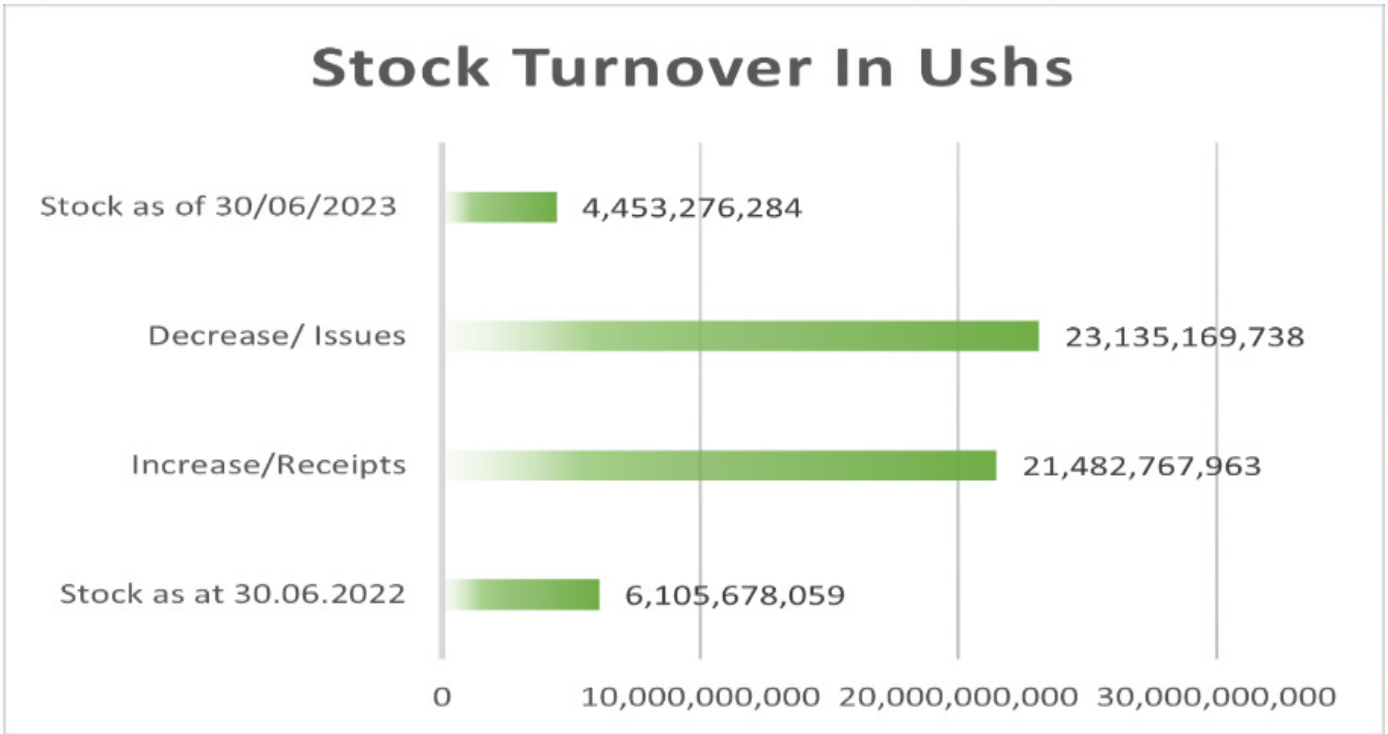
Motorcycle defensive riding at Garuga - March 2023 Drivers being trained in mechanics

STORES AND LOGISTICS: The Stores and Logistics Unit at Baylor Foundation Uganda ensures timely supplies receipt, storage, and delivery of supplies for program implementation. These supplies are primarily transported to districts and health facility stores to facilitate health system strengthening programs across Baylor areas of operation country-wide. In Kampala, Baylor Foundation Uganda's stores are maintained in Mulago and Tirupati business parks. Baylor Foundation Uganda also operates stores in Fort Portal City, Hoima City, and Mbale City that are managed by Baylor Foundation Uganda's competent staff.

The Baylor Foundation Uganda stores are networked through the ERP system (Microsoft Navision Dynamics) to allow for accurate supply processing and, thus, efficient support to facilitate health systems strengthening across Baylor Foundation Uganda programs.

IN FY 2022/23, BAYLOR FOUNDATION UGANDA HAD A STOCK MOVEMENT OF OVER SHS 20BN.

PROCUREMENT: Baylor Foundation Uganda continues to review the systems, processes, and procedures to improve continuity of care across our work areas. Baylor Foundation Uganda's scope and programs need to be executed promptly, considering value–for–money, reliability, and quality delivery. Efficient and effective procurement systems and methods are needed to meet the demands and expectations of our various stakeholders.



The procurement spend for FY 2022/23 was USD 14 million, up from USD 9.9 million last year.

We annually review our pre-qualified vendors. In FY 2022/23, we saw an increase of 31% in solicitations sent to vendors to 2,440 from 1,867 and the previous year.

NAVIGATING CHALLENGES, EMBRACING INNOVATION AND SUSTAINABILITY

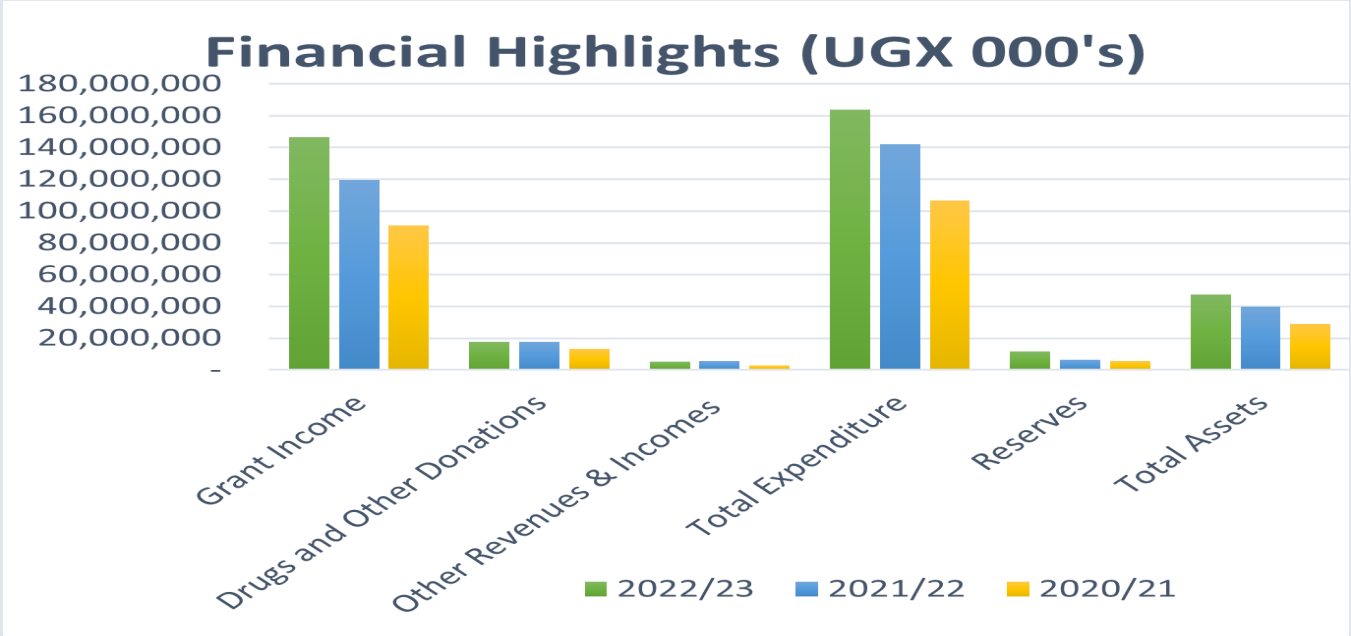
In FY 2022/23, the Procurement Unit stood resilient amidst the challenges posed by global disruptions and market fluctuations. In the face of adversity, we adapted swiftly, utilizing innovative procurement technologies and methodologies. Every decision was an intricately woven thread, from leveraging data analytics to optimizing supply chain logistics, reinforcing the organization's resilience. This enabled the organization to quickly mobilize supplies and services required for curbing the Ebola fever pandemic in the Mubende region and meet all other organization requirements.

Collaborating with suppliers committed to sustainability, we championed initiatives to reduce the ecological footprint. All our contracts have clauses that ensure we are sourcing from ethical vendors. Also, our Procurement & Disposal Policy provides for sourcing from small local vendors, enhancing the local vendors' sustainability.

MAINTAINING AGILE AND FUNCTIONAL SYSTEMS FOR INSTITUTIONAL & FINANCIAL STABILITY HEALTH SECTOR

FINANCIAL PERFORMANCE FOR THE FINANCIAL YEAR 2022/23

In FY 2022/23, Baylor Foundation Uganda grew its revenue by 18.5% from UGX 142.6BN in 2022 to 169BN.



RESTRICTED INCOME:

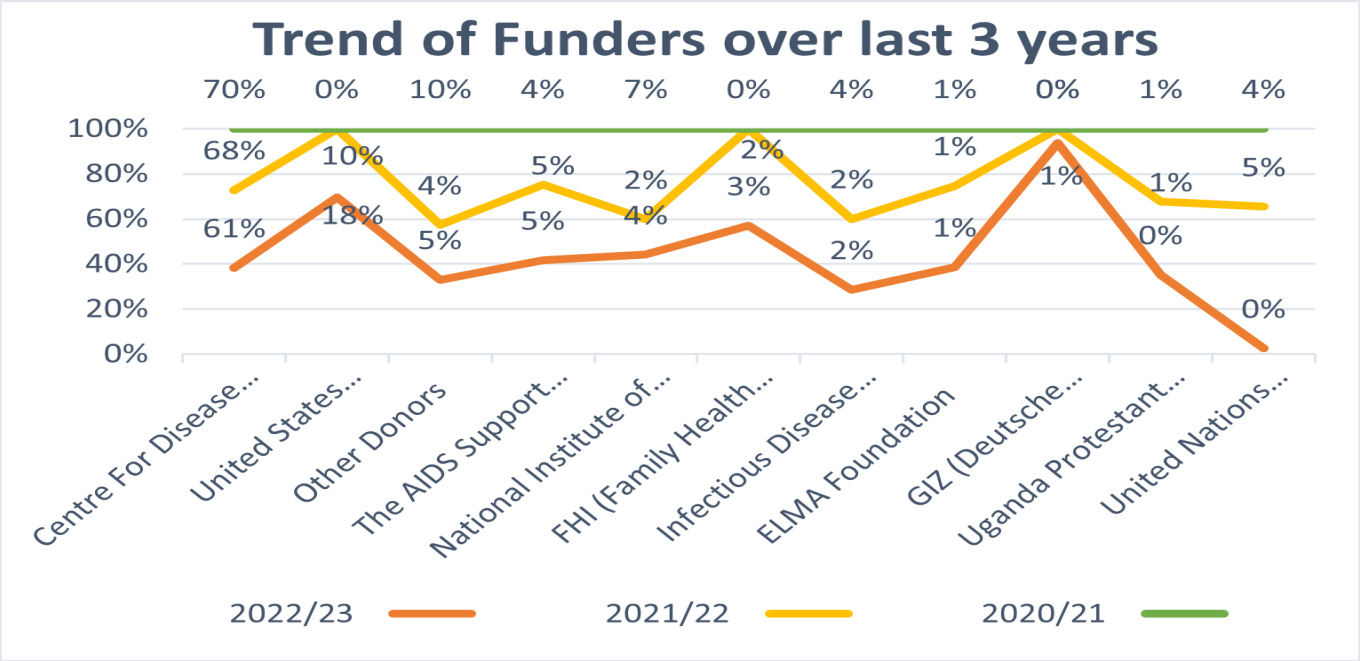
Grant income and donations in kind grew by 19.6% from UGX 137 BN in 2022 to UGX 163.9 BN. This performance is attributed to an increase in existing funding, i.e.,

Increase in CDC funds, mainly in the program of Global Health Security, in particular funds received for the Ebola outbreak.

Increase in USAID funding for the LPHSE program being the second (2nd) year of implementation and extra funds given for the Ebola outbreak. And increased research and other small projects, mainly via the National Institute of Health (NIH).

Baylor Foundation Uganda continues to grow its income base with existing and new funders. As depicted in the chart, the US Government, through CDC, NIH, and USAID, stands out as a major funding partner, accounting for nearly 90%. ELMA Philanthropists, UNICEF, TASO through Global Fund, Ministry of Health, and GIZ are other key funding partners.

However, the key to note is the growth of new funders over the last three years, as seen in the graph, ensuring sustainability and spreading funding risk.

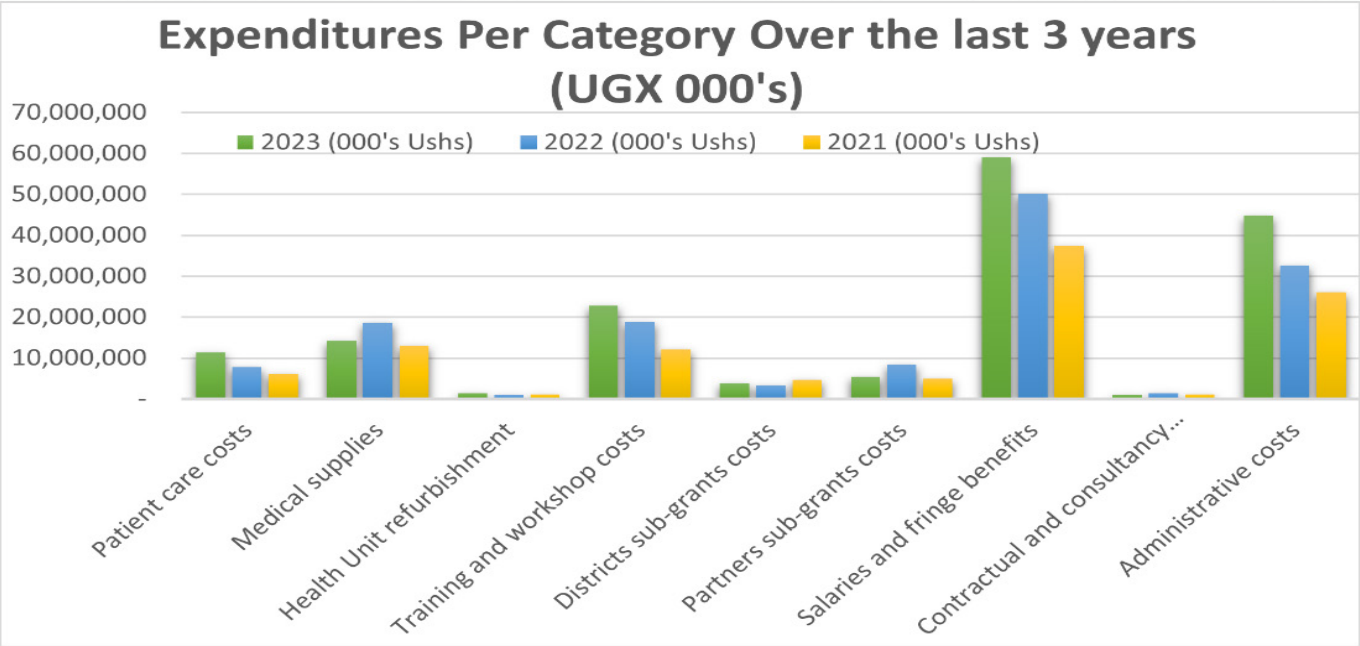


OTHER REVENUES & INCOME:

As part of our sustainability goals, Baylor Foundation Uganda desires to diversify its income beyond donor funding. As such, we have some revenues generated internally from areas like training, lab, financial investments, and indirect cost recoveries from projects where we get a percentage management fee. These funds form part of our core funding for sustainability and are still ploughed back into our core business of health service delivery. In FY 2022/23, other revenues and income (excluding Fx Gains & Losses) were UGX 5 BN compared to UGX 2.5 BN last year.

EXPENDITURES

The overall expenditures on medical supplies, patient care costs, program implementation, payroll, and administration grew by 15.4% in 2023 (163.7bn) compared to UGX 141.8bn in 2022. As depicted in the chart, the trend of expenditure by category over the past three (3) years has grown. This aligns with the increased implementation of new programs and interventions from new funding and increased coverage of our work.



ASSETS

The total assets grew by 24.7% from UGX 39.9 BN last year to UGX 47.5 BN, in line with increased programs and interventions because of new funding and increased coverage of our work.

VALUE ADDED STATEMENT

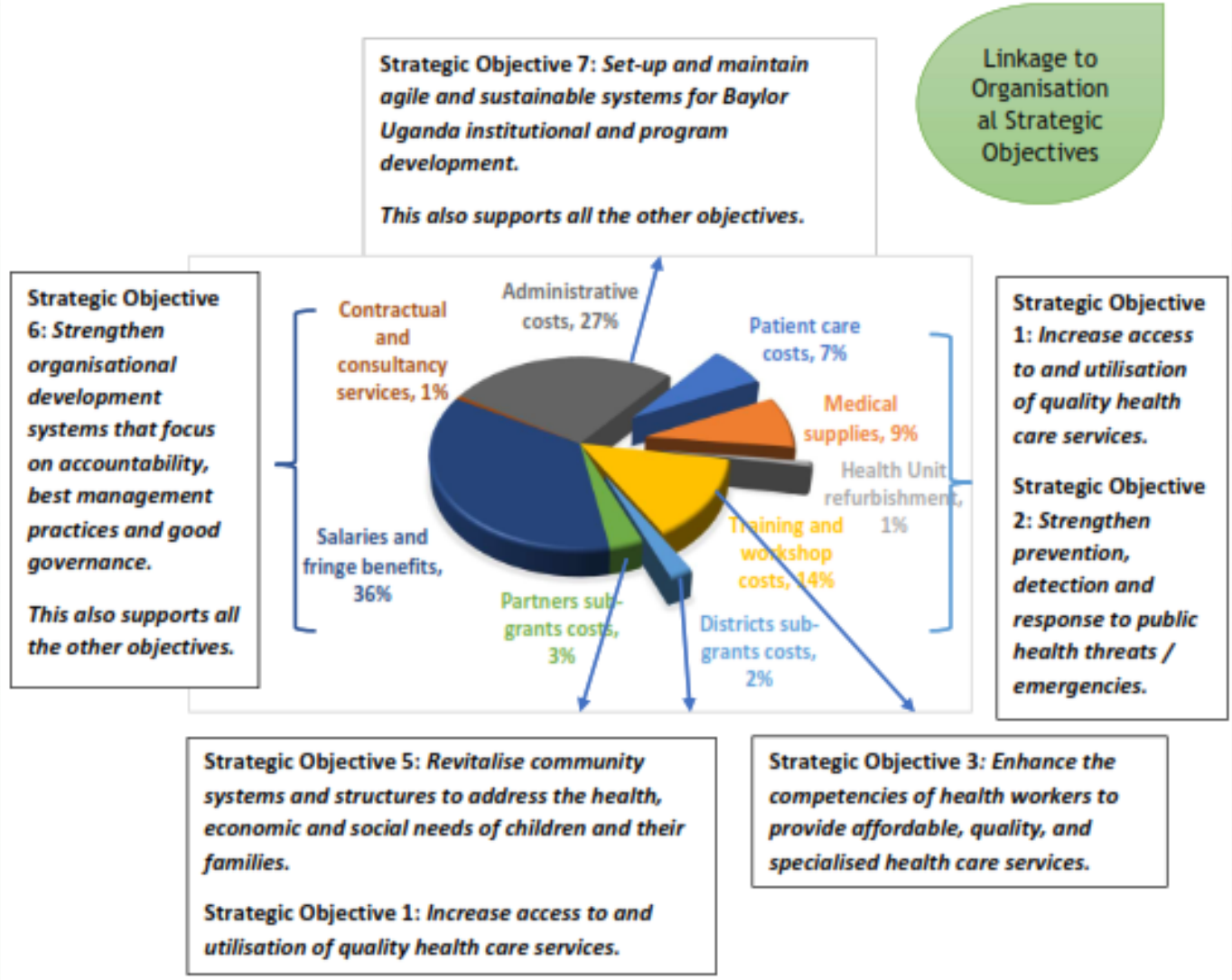
Baylor Foundation Uganda's value-added statement is the total revenue generated in the period and how it is distributed to the program areas that drive its strategic objectives.

Our added value is evidenced by our impact on the communities we support.

	2023	2022
Value Added	UGX '000	UGX '000
Grant Income	146,385,730	119,472,560
Drugs & other donations	17,561,214	17,552,734
Other income	5,091,996	5,609,548
Total Wealth Generated	169,038,940	142,634,842
Patient care costs	-11,383,450	-7,752,771
Medical supplies	-14,188,295	-18,689,264
Health Unit refurbishment	-1,412,601	-907,794
Training and workshop costs	-22,759,543	-18,801,576
Districts sub-grants costs	-3,748,770	-3,349,569
Partners sub-grants costs	-5,440,361	-8,345,134
Salaries and fringe benefits	-59,053,962	-50,055,856
Contractual and consultancy services	-998,365	-1,423,104
Administrative costs	-44,720,052	-32,545,406

Income Tax credit/(charge)	-64,923	7,460
Total Wealth Distributed	-163,770,322	-141,863,014
Surplus/deficit	5,268,618	771,828

Proportional Expenditure Per Budget Area:



BUDGET PERFORMANCE

In FY 2022/23, Baylor Foundation Uganda had an annual budget of UGX 150.5 BN to run its operations and meet its strategic objectives. As of 30th June 2023, UGX 155.8 BN had been secured against this budget (104%).

SECURED FUNDING PER PROJECT AS OF 30TH JUNE 2023:

Baylor Foundation Uganda funding straddles different months depending on the start of the project or the funder's fiscal years. Therefore, the financing secured in FY 2022/23 has been pro-rated to consider the project period versus Baylor Foundation Uganda's reporting period. Expenditure against budget is on a cash basis; the overall burn rate for FY 2022/23 was 92% of the secured funding. The lower burn rate is mainly due to the start-up time of the project activities and the specific project implementation work plan/trajectory, which might not necessarily follow Baylor Foundation Uganda's Financial year. All projects are on track to implement activities per their funding timelines and objectives.

Funders / Projects	Approved Budget FY 22/23 UGX 000's	Secured Funding FY 22/23 UGX 000's	%age Funding Realized	SPEND FY 22/23 UGX 000's	Funding Burn Rate (%)
COE Core	1,818,540	4,567,410	251%	1,993,329	44%
BIPAI / BCM	171,000	173,520	101%	79,529	46%
CDC ACE-Fort	39,143,603	40,693,351	104%	41,304,174	102%
JHU (DAIDS Studies)	2,910,328	3,181,137	109%	3,800,932	119%
KHIV - IDI	2,499,627	2,516,000	101%	2,594,767	103%
ELMA Foundation - PHO	974,094	1,321,314	136%	976,576	74%
ODYESSY Study	737,252	543,630	74%	678,045	125%
ELMA Foundation -MCH	1,464,788	1,433,599	98%	628,101	44%
Baylor Botswana - CAfGEN	305,882	209,710	69%	212,853	101%
TASO Global Fund	6,018,369	6,653,448	111%	6,805,606	102%
UNICEF	2,743,330	622,884	23%	605,141	97%
Breather Plus	1,012,594	961,527	95%	935,146	97%
LSDA-UPMB	773,353	677,552	88%	661,407	98%
ACE Bunyoro	31,141,587	32,095,937	103%	32,152,054	100%
Global Health Security	33,932,898	22,335,519	66%	14,949,187	67%
USAID-LPHS-E	18,322,506	26,318,922	144%	26,778,927	102%
FHI360 - CoVPN	2,798,244	3,758,887	134%	3,277,751	87%
Mulago Hospital	150,000	103,600	69%	103,600	100%
MOH - Yellow Fever	-	3,007,556	100%	1,498,071	50%
UP-ART	665,043	217,937	33%	160,687	74%
NOD Study	515,888	499,715	97%	554,578	111%
GIZ-COVID	383,912	752,392	196%	753,490	100%
URMCHIP	520,139	857,788	165%	899,950	105%
PENTA	1,079,761	1,010,220	94%	610,688	60%
Other projects/studies	440,504	1,456,555	331%	788,658	54%
TOTAL	150,523,243	155,970,110	104%	143,803,247	92%

The CDC Accelerated Control of HIV epidemic (ACE) and Global Health Security programs in Rwenzori, Bunyoro, and Kampala regions; NIH research study projects at the COE Clinic-Kampala and the USAID LPHS-E project in Mbale regions accounted for 82% of our funding. This power of focus on US Government funds has propelled our interventions to over 47 districts and three cities in Uganda. UNEPI funded the yellow fever mass campaign and immunization through the Ministry of Health.

Baylor Foundation Uganda received 1st Runner Up in the NGO sector in the Financial Reporting Awards 2023.

CONDENSED FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
REPORT OF THE DIRECTORS
FOR THE YEAR ENDED 30 JUNE 2023

The Directors submit their report together with the audited financial statements for the year ended 30 June 2023, in accordance with section 157 of the Companies Act, 2012 of Uganda which discloses the state of affairs of the company.

1) Incorporation

The company was incorporated under the Companies Act, 2012 of Uganda on 2 November 2006 as a company limited by guarantee and no share capital. It was registered as a non-government organization on 15 June 2007.

2) Principal activities

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

3) Financial results

	2023 Ushs '000	2022 Ushs'000
Income	169,038,939	142,634,842
Expenditure	(163,705,398)	(141,870,474)
Surplus before tax	**5,333,541**	**764,368**
Income tax (charge)/credit	(64,923)	7,460
Surplus after tax	5,268,618	771,828

4) Directors

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

5) Directors' benefits.

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

6) Auditors

The auditors, Ernst & Young, Certified Public Accountants, are not eligible for continuity in office due to the Company's internal policy on Auditors' rotation.

7) Approval of financial statements

The financial statements were approved at a meeting of the Directors held on ...5...October... 2023.

BY ORDER OF THE BOARD

.....
Secretary to the Board
Kampala

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF DIRECTORS' RESPONSIBILITIES
FOR THE YEAR ENDED 30 JUNE 2023

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 35 were approved by the Board of Directors on ..5 October.....2023 and were signed on its behalf by:

Chairman Board of Directors

Executive Director

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

The firm is licensed and regulatedby ICPAU; No: AF 0010
Tel: +256 414 343520/4
Email: info.uganda@ug.ey.com
www.ey.com

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 35, which comprise the statement of financial position as at 30 June 2023, 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 2023 and of its financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standards (IFRSs) 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

Other information consists of the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, 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.

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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

23 October 2023

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 Ushs '000	2022 Ushs '000
INCOME			
Grant income	4(a)	163,946,943	137,025,294
Revenue from contracts with customers	4(b)	4,774,358	2,115,394
Other income	4(c)	317,638	3,494,154
		169,038,939	**142,634,842**
EXPENDITURE			
Medical supplies and patients care costs	5	(25,571,744)	(26,442,035)
Program costs	6	(33,361,275)	(31,404,073)
Staff costs	7	(59,053,962)	(50,055,856)
Contractual and consultancy services	8	(998,365)	(1,423,104)
Administrative costs	9	(44,720,052)	(32,545,406)
		(163,705,398)	**(141,870,474)**
Surplus before tax	**10**	**5,333,541**	**764,368**
Income tax (charge)/credit	11	(64,923)	7,460
Surplus for the year		**5,268,618**	**771,828**
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		**5,268,618**	**771,828**

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2023

	Note	2023 Ushs '000	2022 Ushs '000
ASSETS			
Non-current assets			
Property and equipment	12	10,566,190	7,027,462
Intangible assets	13	243,655	173,900
		10,809,845	7,201,362
Current assets			
Inventories	14	4,455,150	5,977,789
Current income tax recoverable	11(b)	-	22,404
Receivables and prepayments	15	4,644,883	7,806,475
Financial assets at amortised cost	16	2,242,456	1,126,046
Cash and bank	17	25,396,389	17,760,088
		36,738,878	32,692,802
TOTAL ASSETS		**47,548,723**	**39,894,164**
RESERVED AND LIABILITIES			
Reserves			
Accumulated surplus		11,615,206	6,346,588
		11,615,206	**6,346,588**
LIABILITIES			
Non-current liabilities			
Grant Liability: non-current portion	19	10,539,462	7,112,041
		10,539,462	**7,112,041**
Current liabilities			
Current Income tax payable	11(b)	706	-
Trade and other payables	18(a)	7,848,065	6,312,111
Provisions	18(b)	871,236	1,277,598
Grant Liability: current portion	19	16,674,048	18,845,826
		25,394,055	**26,435,535**
TOTAL RESERVES AND LIABILITIES		**47,548,723**	**39,894,164**

The financial statements on pages 7 to 35 were approved by the board of directors on 5. October..... 2023 and were signed on its behalf by:

Chairman Board of Directors

Executive Director

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED 30 JUNE 2023

	Accumulated surplus Ushs '000
At 1 July, 2021	5,574,760
Total comprehensive income for the year	771,828
At 30 June, 2022	**6,346,588**
At 1 July, 2022	6,346,588
Total comprehensive income for the year	5,268,618
At 30 June, 2023	**11,615,206**

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION – UGANDA
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 Ushs '000	2022 Ushs '000
CASHFLOW FROM OPERATING ACTIVITIES			
Surplus before tax		5,333,541	764,368
Adjustments for:			
Depreciation	12	1,570,525	1,131,861
Amortisation -intangible assets	13	82,745	50,431
Amortisation of grant liability	19	(154,930,603)	(134,519,833)
Unrealised foreign exchange loss		(459,372)	(88,393)
Decrease in impairment allowance for advances	9	(38,488)	(247,376)
(Decrease)/increase in provisions	18(b)	(406,363)	204,091
Loss on disposal of assets		-	247,954
Net cash outflows before working capital changes		**(148,848,015)**	**(132,456,897)**
Changes in working capital			
Decrease/ (increase) in inventories		1,522,639	(2,134,933)
Grant liability movement related to in kind items	19	15,641,701	21,319,002
Decrease/(increase) in receivables and prepayments		3,659,450	(2,492,118)
Increase in payables and accrued expenses		1,535,955	2,728,779
		(126,488,270)	**(113,036,167)**
Tax paid	11(b)	(41,812)	(14,944)
Net cash used in operating activities		**(126,530,082)**	**(113,051,111)**
CASHFLOW FROM INVESTING ACTIVITIES			
Payment for acquisition of property and equipment	12	(5,109,252)	(2,177,581)
Payment for acquisition of intangibles	13	(152,500)	(140,610)
Net cash used in investing activities		**(5,261,752)**	**(2,318,191)**
CASHFLOW FROM FINANCING ACTIVITIES			
Cash receipts from grants	19	140,544,545	120,671,943
Net cash used from financing activities		**140,544,545**	**120,671,943**
Increase in cash and cash equivalents		8,752,711	5,302,641
Cash and cash equivalents at start of the year		18,886,134	13,583,493
CASH AND CASH EQUIVALENTS AT 30 JUNE		**27,638,845**	**18,886,134**
REPRESENTED BY:			
Cash and Bank		25,396,389	17,760,088
Financial assets at amortised cost		2,242,456	1,126,046
CASH AND CASH EQUIVALENTS	**15**	**27,638,845**	**18,886,134**

BUSINESS DEVELOPMENT AND ORGANIZATIONAL SUSTAINABILITY

The Business Development Unit is premised on the need to diversify funding resources to drive Baylor Foundation Uganda's Strategic Plan. The purpose is to increase Baylor Foundation Uganda's financial resource base through a diversified donor base and self-generating income streams to ensure institutional sustainability.

Baylor Foundation Uganda's grant funding has grown steadily over the years both in value and diversity of funders. As of 30th June 2023, Baylor Foundation Uganda had 35 running grants with a total value of USD 77m, of which USD 41m was apportioned for FY 2022/23. In addition to this, USD 1.2m was internally generated revenue.

FY 2022/23 KEY BUSINESS MILESTONES

During the FY 2022/23, Baylor Foundation Uganda has reached several milestones, which, among others, include:

- A New Strategic Plan (2023-2028) and Revenue Diversification Plan were developed. The revenue diversification plan will enable us to increase capacity for institutional sustainability.
- New Partnerships and Opportunities: This Financial year, we responded to requests for applications (RFAs) and submitted proposals worth USD 120m, of which 35% were awarded.
- GAVI through MOH - implementation of the yellow fever preventive mass vaccination campaign. We got USD 1.5m to support the yellow fever preventative mass vaccination campaign.
- Gilead Inc - A phase 2/3 open-label study of pharmacokinetics, safety, and antiviral activity of the GS-9883/Emtricitabine/Tenofovir Alafenamide (GS-9883/F/TAF) fixed Dose combination) FDC) in HIV-1 infected virologically suppressed adolescents and children (Biktarvy-study).
- CDC -Sudan Ebola Virus Disease (SUDV) response. Baylor Foundation Uganda secured USD 4.9m for SUDV response, showing steady growth in our Global Health Security funding portfolio.
- USAID - Sudan Ebola Virus Disease (SUDV) response and survival response program; USD 1.2m.
- Japanese Embassy - Grant Assistance for Grassroots Human Security Projects for the construction of Bwera HCIV NICU facility; UGX 350m.

Business Prospects

In line with our strategic and business development plans, the unit has rigorously pushed on the resource mobilization agenda in several ways, among others.

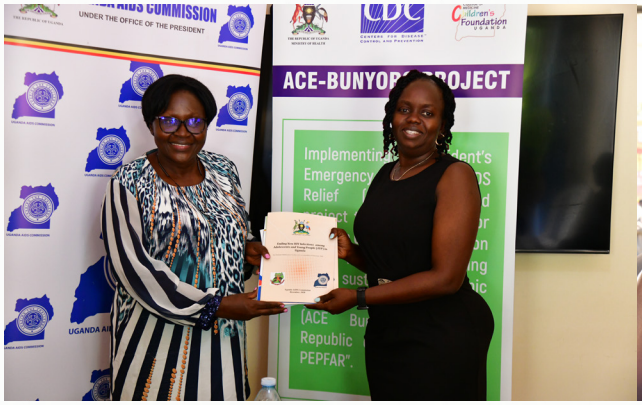
- Developed new collaborations such as the Buganda Kingdom and Church of Uganda (Central Buganda Diocese).
- Continued nurturing and growing partnerships with corporate organizations for corporate social responsibility opportunities

PUBLIC RELATIONS AND ADVOCACY

In the year ended June 2023, Baylor Foundation Uganda has streamed her communication and Advocacy under four strands: Corporate communications, which includes communicating internally, Baylor Communications (Project), online communications, and Donor or international communications.

This year, we have written and approved a new communications strategy (2022-2025), a brand guide, and a social media strategy. These governance documents will help strengthen and guide brand growth and advocacy. Below, we highlight some of the many profiled advocacy and communication-supported events that Baylor hosted in the year under review.

ADVOCACY EVENTS



Dr. Betty Nsangi Kintu (Project Manager ACE-Bunyoro) receives new HIV guidelines from Hon. Alyek Judith (UAC Board Member) during UAC's oversight visit to Bunyoro.

L-R Dr. Dithan Kiragga, Executive Director Baylor Foundation Uganda possess for a photo with Dr. Andrew Ocero, Director Uganda Health Activity, and Mr. Alexander Mugume, Project Director USAID Local Partner Health Services- Eastern Activity during the World Tuberculosis Day Celebrations.

Baylor Foundation Uganda hosted the CDC IP communications roundtable meeting where Fitzmaurice Arthur (middle) the CDC country director (acting) & associate director for science was introduced.

Baylor Foundation Uganda led the drive that donated play toys to SUDV isolated babies.

Dr. Dithan Kiragga, Baylor Foundation Uganda Executive Director, hosted Right Reverand Michael Lubowa, Diocesan Bishop-Central Buganda from the Church of Uganda, at the Center of excellence.

The CAO, LCV, Deputy RDC and District Health team Kibaale District met and Interacted with the ACE-Bunyoro Project SMT.

Baylor- Uganda Senior management team held several support supervision engagements with implementing DLGS

Baylor Foundation Uganda Exhibited Its Work at the National World AIDS Day Commemoration In Rukungiri District.

OUR PARTNERS

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Children's Foundation UGANDA

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13 October 2023

REF: BCM/2023/ADMIN/786

TO: THE MEMBERS AND BOARD OF DIRECTORS

RE: NOTICE OF THE ANNUAL GENERAL MEETING

This is to notify you that the Baylor College of Medicine Children's Foundation Uganda (Baylor Uganda)'s Annual General Meeting will take place on 4th November 2023 at the Baylor Uganda Centre of Excellence, Mulago Hospital.

The agenda of the meeting is as follows;

AGENDA

a) Chairman's opening remarks and review of the agenda
b) Review minutes and action items from the last meeting
c) Evaluation of the company's activities in the current year
d) Consideration of the accounts of the company
e) Draw up programmes for the ensuing year

Yours Sincerely,

Prof. Rhoda Wanyenze
Chairperson
Board of Directors

BAYLOR COLLEGE OF MEDICINE
Children's Foundation
UGANDA

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