BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

ANNUAL REPORT 2019-2020

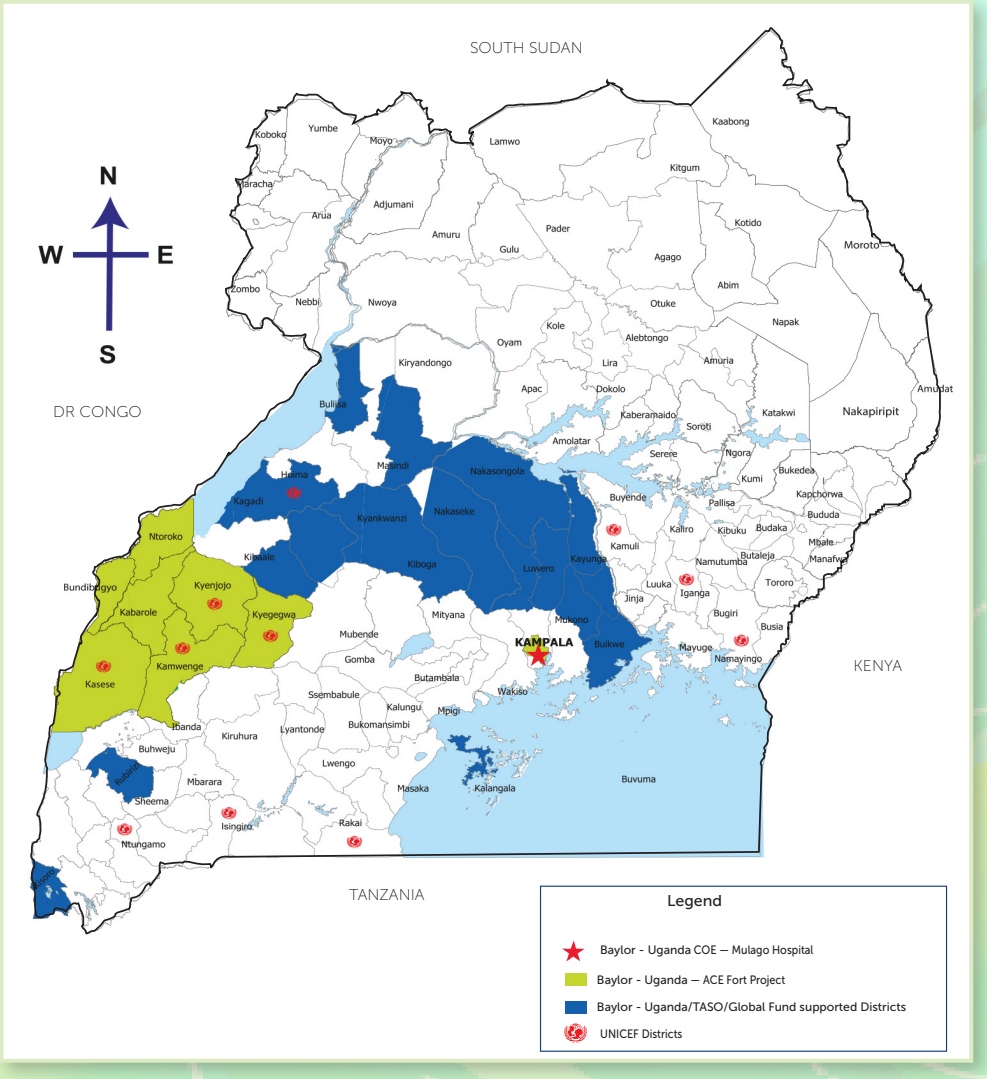
BAYLOR COLLEGE OF MEDICINE Children's Foundation UGANDA

BIPAI Baylor International Pediatric AIDS Initiative

Texas Children's Hospital®

BCM Baylor College of Medicine

Baylor-Uganda Map of areas of Operation



Legend

- Baylor - Uganda COE — Mulago Hospital
- Baylor - Uganda — ACE Fort Project
- Baylor - Uganda/TASO/Global Fund supported Districts
- UNICEF Districts

Editorial

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The Government of Uganda through the Ministry of Health, Uganda AIDS Commission and the District Local Governments.

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Acronyms

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

MEMBERS OF THE SENIOR MANAGEMENT TEAM:

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About Baylor-Uganda:

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

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

Where we Work: These operations are carried out at the Centre of Excellence (COE) and Post Natal Clinic both located at Mulago Hospital Complex and 145 health facilities in 9 districts in the Fort Portal region, especially in facilities where access to pediatric and family HIV/AIDS services is largely constrained. Under PEPFAR/CDC funding. We also work in 18 districts supported through grants from Global Health and TASO, namely; Bulisa, Kagadi, Masindi, Kyankwanzi, Kiboga, Kisoro, Rubirizi, Kalangala, Nakaseke, Luwero, Kayunga, Kasese, Ntoroko, Nakasongola, Buikwe, Hoima, Kibale and Kiryandongo. Under UNICEF, we work in the 13 districts located in Eastern, Central and Western Uganda.

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

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

Our Vision:

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

Our Mission:

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

CORPORATE INFORMATION

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Theme for 2019/2020: ***"In Pursuit of Excellence"***

Board Chairman's Message

Our Esteemed Stakeholders, accept my greetings and heartfelt gratitude for your continued support. Because of you, we wake up energized to add an extra brick to our work of offering high-quality health service delivery. For those who have lost their dear ones to the COVID19 pandemic, please do accept my sincere sympathies.

Once more, on behalf of the Board, Senior Management, and all the Baylor-Uganda community, I wish to submit our scorecard to you, our stakeholders, for review. The narrative and outcomes in this 2019-2020 Annual Report may not be as we all expected due to the COVID19 pandemic, which took the world by storm in March 2020. Like any other responsible institution, the Government of Uganda initiated necessary and warranted lockdowns that affected our operations country-wide.

We, however, did not sit and fold our arms; our benchmark was resiliency. We challenged ourselves to be innovative in ways we deliver quality health service to our clients. We embraced technology to continue business both at a strategic and operational level; strengthened our Differentiated Service Delivery model, and maximized the use of SMS platforms and call Centers.

I wish to thank the Rotary Club of Kiwatule for recognizing Baylor-Uganda with a vocational award in February 2020,among other things, championing PMCT and reducing maternal mortality. We are proud that this being one of the highest Honours by Rotary to institutions and individuals who offer service "above self,"

I want to acknowledge and welcome our latest Board members. We had the entry of Dr. Rhoda Wanyenze (Chair for Programmes), Mr. Joseph Kizza(Chair of Audit Board Committee),Mr. Aggrey Kankunda (member, Finance, and Audit Board Committees), and Ms. Harriet Omoding (member, POD Board Committee). I am glad to report that all our members have settled in well and have made a tremendous contribution to the organization's governance. As Chairman of the Board, I would like to express my sincere appreciation for the selfless service and unparalleled dedication of our Board of Directors, that continues to elevate the organization to greater heights.

In the previous year, I reported that we had aligned our Annual Report to implementing our new Strategic Plan 2018-2023. In 2021,we shall conduct a mid-term evaluation to ascertain its progress and align it to the dynamics of COVID19.

We have achieved our goals and objectives under the Executive Director's continued vision and leadership, Dr. Adeodata R. Kekitiinwa. Please join me to thank her wholeheartedly for the exemplary leadership that made the organizations register more achievements than ever imaginable. The Senior Management and staff rightly stood by Dr. Kekitiinwa' s motto for 2019-20; ***"In pursuit of Excellence."*** Thank you.

Thank you for your unwavering support of Baylor-Uganda's strategic plan to all our donors and supporters. You have made Baylor-Uganda's vision and mission a reality.

Last but not least, on behalf of the Board, I reiterate our commitment to the governance causes of Baylor-Uganda. We promise to uphold the cherished values of the organization. We will go the extra mile to contribute to the Mission and Vision of Baylor-Uganda.

I, therefore, welcome our esteemed stakeholders to walk this extra mile with us as a Team. Allow me to commend this Annual Report for the FY 2019-2020 to you all our stakeholders. We are happy to receive your feedback

Michael B. Mizwa

Chairman, Board of Directors, Baylor College of Medicine Children's Foundation-Uganda

Executive Director's Message

On Behalf of the Board, Senior Management, staff, and volunteers of the Baylor-Uganda, I extend my sincere gratitude to all those that have supported us serve our communities. It has been an exciting yet challenging journey since the COVID19 epidemic.

Despite the advent of COVID-19 that took the world by storm, we made significant achievements that we are proud to share with you through this annual report.

During this period, Baylor-Uganda served over 104,000 clients, both for HIV and hematology-oncology. We continue to support our center of excellence (COE), the largest pediatric and adolescent clinic in Africa, with over 8,000 clients. We are proud to note that our children have grown into young adults with a median age of 20. I want to extend my sincere gratitude to my team and the numerous volunteers that made this work possible.

As of June 2020, UNAIDS 95-95-95 targets for the Baylor-Uganda supported districts of the Fortportal region continued to perform better than the national average; 95% diagnosed, 93% on ART, and 73% virally suppressed compared to 85%, 84%, and 67% respectively. All these impressive results have been made possible because of the health workers' dedication, teamwork with stakeholders, and the district local government leadership's supervision. Our donors have inspired us to drive growth and bring what looked impossible to our clients possible. We have continued to embrace excellence through quality improvement initiatives and collaboratives to make each client's experience unique.

This year also marked improved access to pediatric hematology-oncology services in the country. The program has successfully trained 14 fellows in the fellowship program. We are proud to note that all joined the public sector within Uganda and East Africa. The current overall one -year survival rate of children with cancer improved to 75%,increasing dramatically from the baseline historical survival rates of 10-30%.

We thank all our donors who have supported us during the year to ensure we deliver on our strategic plan: PEPFAR/CDC, Global Fund/ TASO, UNICEF, WHO, NIH, ELMA, and our research partners. Their financial contribution helped us run a budget of USD 22,050,422.

We extend our sincere thanks to the Rotary Club of Kiwatule, Kampala, who recognized our work with a vocational award in February 2020. This award is one of the highest Honours by Rotary to institutions and individuals who offer service "above self. I owe it to my staff, who continue to dedicate themselves to serve above and beyond.

Our research portfolio of ten clinical trials has continued to grow and contribute to national and international guidelines. The COE laboratory maintained accreditation from the College of American Pathologists for the fourth time in a row. This lab supports several studies and is also a learning center for laboratorians from the 145 health facilities in the Fort portal region.

Our theme for 2019/20 was ***"In Pursuit of Excellence."*** We have been consistent in our journey, and we have kept our promise to deliver high-quality health service to our clients.

The future of Baylor-Uganda is bright and exciting. We shall continue challenging ourselves and our district partners to reach the extra mile in providing quality sustainable healthcare to Ugandans, especially the adolescents and youth. We look forward to another great year for our clients.

Associate Prof. Dr. Adeodata R. Kekitiinwa
EXECUTIVE DIRECTOR

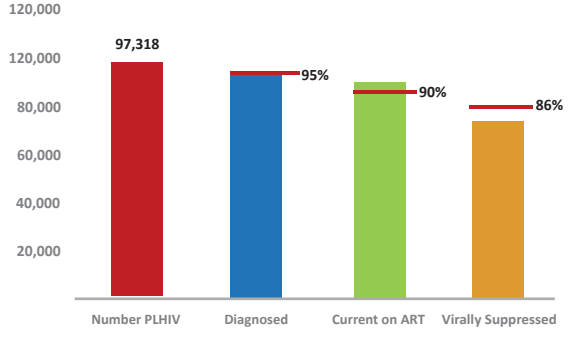
FACTS AND FIGURES

AS AT JUNE 2020

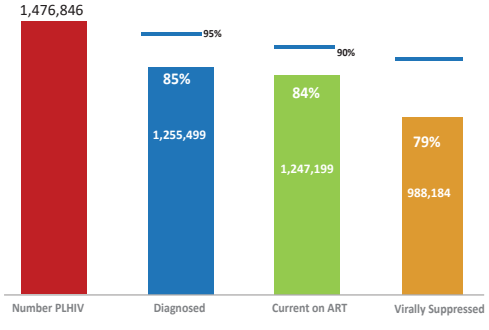
Runs the most extensive single Pediatric HIV and AIDS care and treatment clinic in Africa, managing 20% of all the children in Uganda's care.
8,600 patients are in care with 99.8% on ART at Mulago Centre of Excellence (COE)
90,640 patients are on ART- Fort Portal Region
512 children are receiving ART in the Refugee Settlements
38,378 males received VMMC in Fort Portal Region
40,350 OVC both at the COE and in the Fort Portal Region served
The COE lab has sustained CAP accreditation since May 2019.
Set-up 7 labs in the Rwenzori region with four labs certified with Star-IV accreditation by the African Society for Laboratory Medicine (ASLM) and three labs accredited to South African National Accreditation System (SANAS) International Standards.
Supports 145 Health Facilities in Nine districts of the Rwenzori sub-region and Kampala.
The overall HRH staffing stood at 382 staff.
Baylor-Uganda's total budget was USD22, 050.422 (UGX80, 954,188,632)

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

Fort Portal Region HIV cascade by June 2020



National HIV cascade by June 2020



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

On 11th March 2020, the World Health Organization declared COVID 19 a global pandemic, and Uganda registered its first case (an imported case) on 21st March 2020.

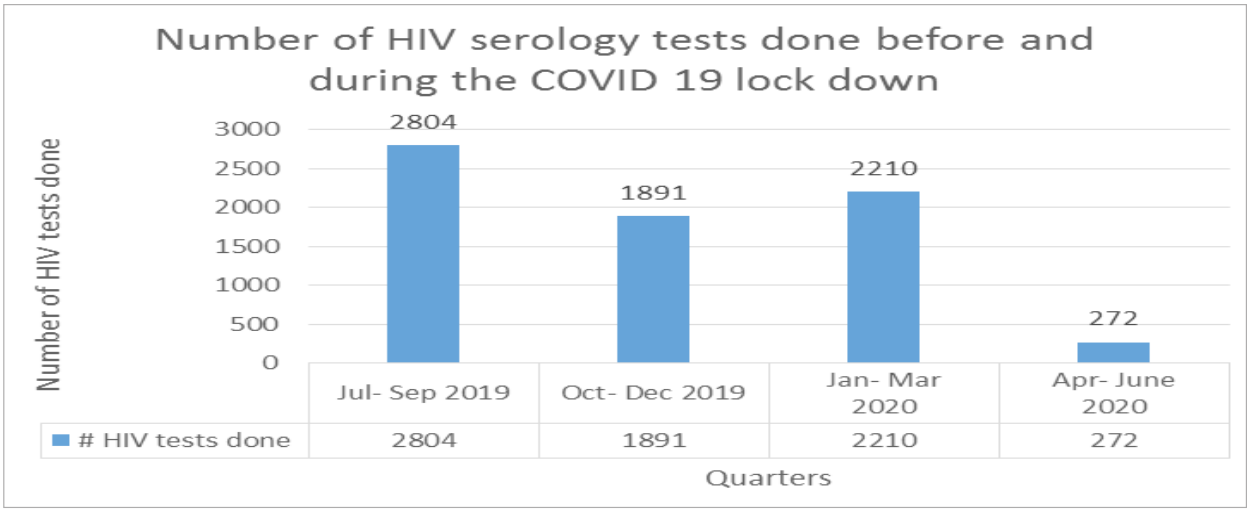
The COVID 19 pandemic enabled the COE clinic to strengthen its infection control measures, and no known client has to date been diagnosed with the disease. The April to June 2020 quarter's performance was negatively affected by the COVID 19 lockdown measures; however, as the movement restrictions eased, efforts were focused on catching up.

COP 19 targets have been aligned to accelerating epidemic control, and the COE clinic continued to support its clients to meet the 95-95-95 goals. We have done this through HIV testing services, elimination of mother to child transmission/ early infant diagnosis of HIV, care & treatment, orphans and vulnerable children, logistics supply, and laboratory services.

Program performance was monitored and evaluated through weekly, monthly, and quarterly meetings to apply continuous quality improvement principles. A new electronic medical records system has been launched, and all users were well supported and comfortable to use it.

The COE served a total of 8 066 clients LHIV, of whom 2 501 (31%) were children and young adolescents below the age of 15 years, and 5 565 (69%) were older adolescents and adults aged 15 years and over. There were 7 177 HIV serology and 618 DNA PCR DBS tests conducted among clients hospitalized or living within the 50 km catchment area that the clinic serves. As shown in the graph below, testing services were negatively affected during the COVID 19 lockdown, with only 272 tests in the April to June quarter compared to 2 210 in the previous period.

Figure 1. Graph showing the number of HIV serology tests conducted over a one year period and the COVIOD 19 lockdown (April – June 2020) on access to testing.



Among 618 DNA PCR results, only 195 31.6% were conducted in infants below two months. Women who drop out of eMTCT programs, and those who do not know their HIV status until their young ones are hospitalized contribute the remaining 70% of the PCR tests done late.

Of the 68% clients who underwent serology, 374 tested positive thus an HIV positivity yield of 5.2% (374/ 7177) however, that in infants alone was 7.3%, higher than the expected 5% in that age group.

More effort is needed to support adolescent girls and young women to not only prevent acquiring HIV but also to know their status as frequently as recommended in line with their exposure risks.

Of 8 066 clients living with HIV, 92% were still linked to ART after one year. Clients not on ART included those lost to follow up or unable to travel to the COE due to the lockdown and those with tuberculosis in its early treatment weeks or those undergoing investigations to exclude the same. Clients who could be reached on the phone were encouraged to seek ART services at any nearby government health care facility.

The 12 monthly retention rate was 75%, mostly due to the lockdown as families could not afford to travel to the clinic. In contrast, others had left Kampala city to settle in rural areas where food security and general livelihood was better because it is less commercialized. There was a national campaign to optimize ART to protease inhibitors for children under the age of 10 years and Dolutegravir for those virally suppressed and weighing 20 kg and more since countrywide Nevirapine and Efavirenz were to be pahased out due to high community resistance levels.

Viral load monitoring continued to be the preferred mode of assessing ART efficacy, with 88% of clients suppressed below 1 000 cp/ ml. The viral suppression rates were similar for same age categories by gender and were as follows children and younger adolescents under the age of 15 years 89%, 15- 19-year-olds 84%, 20- 24-year-olds 86%, and adults 25 years and older 92%. Efforts to promote viral suppression among all age groups included offering intensive adherence counselling, peer to peer engagement, linking vulnerable children to a Social Worker's services, and optimizing ART.

We also adopted innovative and flexible ways of offering services like remote telephone medical, and psychological support for clients who could not physically report to the COE.

We also did home delivery of ART, and community dry blood spot, viral load sample collection by trained lay health care workers of the COE PHA network dubbed the family council.

There were 2,804 children and teenagers 0- 17 years old identified as vulnerable, and these were linked and supported by the OVC service unit operated by social workers. Additionally, there was a rise in the proportion of children with malnutrition during the lockdown from 8.6 % to 11.2%. Families were identified and linked to the OVC department to support them with mostly sustainable economic strengthening activities. The OVC department offered other services that included education support (temporarily halted when schools closed due to the COVID-19 lockdown, child protection, psychosocial services, and support for survivors of gender-based violence.

SUCCESS STORY:

WHOLISTIC CARE BEYOND THE PILLS

Adim (not real name) was 11 years old and attended the COE when he was a baby. Everything was going on fairly well until his mother became homeless. Back in the days when his father died, as a little child, he was separated from his two older siblings who were adopted by his paternal relatives.

Adim and his mother were cast away from the family and did not receive any support because Adim's mother was accused of infecting their only son with HIV.

Her relatives were struggling to support their families just like everyone else, so she really had no one to look up to sustain her needs other than to work hard and support her orphaned child. She managed to do odd jobs and even opened up a

small shop to sell imported second-hand clothes at the local market. She was a fashionista and doing well, but as Adim grew older, his needs increased, and he needed to enroll in school. She began to utilize her business's capital until she was left with nothing and had to seek refuge to stay with friends because a time reached when she could not afford her rent. After several months her friends became weary of her, and one by one, each asked her to leave.

Adim and his mother finally hit the street, homeless. She worried so much about her son's health because he was on ART and homeless. She decided to find a nondenominational church to make her home. During the day, believers worshipped, and at night when they left, she stayed behind along with so many other strangers to take refuge from the night.

As a mother, she started to realize that her son, now 11 years old, was growing up into a street child, and it made her so worried that he would soon start drugs, early sex, theft, and other unpleasant behaviors which were known to be shared among homeless street children that he played with.

She cried and prayed as she wondered about what to do. According to her, the believers at the church and their preachers seemed not to see her need, so she one day decided to walk to the COE with her son for help even if she was not on appointment. She asked to see the clinic manager because her name and telephone numbers were listed on the clinic notice board for anyone with concerns about their care who needed to talk. That day the manager linked them to the orphans and vulnerable children's office, where among many issues discussed, she was asked for a business plan. The plan made her so angry as she had no money. She had a dream to reopen a clothes shop, attend to brides, and do so much with herself, but she had no money. She was advised to start small with selling bananas at the church since she could not figure out her start-up plan, but all this made her angrier.

"Do I look like a banana woman?" She asked angrily as she looked at her fading outward beauty. She stood up and walked away from the COE, angry at all ideas given to her on self-sustenance. While exiting the COE gate on her way back to her church now home, she offered to start a small business a second thought. She said to herself, "I walked into the COE desolate, look I return with nothing to my church home. Let me go back and see how this banana business can work out. It is surely better than nothing". With that, she returned to the OVC unit and was shy to find smiling officers who comforted her and felt her pain. With less than a dollar, she bought a cluster of bananas, placed it in a basket on her head, and walked with it to church. Hardly had she put it on the ground, than all fingers were bought off. She was so amazed at the potential prospects of the banana business and was soon selling 5 clusters a day.

The OVC social workers supported her business with financial literacy training, and she gradually started to save with the COE village savings group approximately 4 dollars a week. She expanded her business and began to sell porridge, cassava chips, and French fries to the church members and the boda- boda riders at the stage near the church. She embarked on registering as a food vendor with Kampala City Council Authority and Soon her deep sorrows were over. Her life changed; she rented her own small home, and Adim was back to school. A Good Samaritan further heard of her success story and even offered to sponsor Adim's education fully.

Adim and his mother are forever grateful for the services to orphans and vulnerable children at the COE clinic. He wants to be a pilot when he grows up and promises to take us for a ride to Dubai.

PREVENTION SERVICES

HIV Testing Services (HTS)

To attain the UNAIDS first 95 targets, Baylor-Uganda supported 145 health facilities in the Rwenzori region; by the end of June 2020, we tested 276,705 individuals and identified 7,435 positives representing a yield of 2.7%. We attribute the sustained linkage to ART of 98% to strengthened linkage packages, i.e., same-day ART initiation, use of the client locator form, and starter packs at community outreaches. Recency testing has gradually improved from 191 in July 2019 to 367 in June 2020. We attribute the improvement to the mentorship of HCW in Recency testing.

Table 1: Cumulative HTS case identification and linkage to care

District	Annual target (HTS_TST)	Cum HTS_TST result	% of annual HTS_TST Achieved	Annual target HTS_POS	Cum HTS_POS result	% of annual HTS_POS Achieved	HTS Yield result	Cum TX_NEW result	% cum HTS_POS Linked
Bundibugyo	19,410	21,746	112%	578	314	54%	1.4%	334	106%
Bunyangabu	21,930	17,171	78%	920	455	49%	2.6%	434	95%
Kabarole	39,903	42,238	106%	3,182	1589	50%	3.8%	1491	94%
Kamwenge	21,146	24,459	116%	721	596	83%	2.4%	598	100%
Kasese	46,787	62,204	133%	864	1075	124%	1.7%	1079	100%
Kitagwenda	10,263	12,804	125%	578	423	73%	3.3%	395	93%
Kyegegwa	25,662	35,553	139%	1,049	1136	108%	3.2%	1108	98%
Kyenjojo	40,931	52,647	129%	2,081	1603	77%	3.0%	1608	100%
Ntoroko	4,913	7,883	160%	227	244	107%	3.1%	258	106%
Region	**230,945**	**276,705**	**120%**	**10,200**	**7435**	**73%**	**2.7%**	**7305**	**98%**

Data source: DHIS2 accessed 24th July 2020.

The major challenge faced during the last quarter of the financial year was the COVID-19 pandemic, which affected program implementation and insufficient data tools.

Due to the COVID-19 pandemic, GoU imposed travel restrictions, closed schools, universities, places of worship, recreation centers, and suspended gatherings, including community-based services. The Ministry of Health developed guidelines to minimize transmission and spread of COVID-19 and support the continuity of essential health services. Among the suspended services were community index cases testing, testing men at male-dominated workplaces, and outreach testing for KP. As a result, the project registered a decline in HIV positive cases identified by aJune 2020 compared to October 2019. HIV testing reduced from 180% to 143% in June 2020, partly due to reduced outpatient attendance.

VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC):

In the reporting period, Baylor-Uganda targeted to circumcise 58,646 males aged >15 years in 7 districts-Bunyangabu, Kabarole, Kasese, Kamwenge, Kitagwenda, Kyegegwa, and Kyenjojo through 11 static sites and 1 Reporting site, i.e., Bigodi HC III. However, only 28,003 eligible males were circumcised, representing 48% (28,003/58,646) cumulative achievement of the Annual Target. The suboptimal performance was due to the COVID19 Pandemic lockdown with the suspension of VMMC and other community activities from mid-March 2020. Kasese district did not offer SMC in the last part of the financial year due to the ongoing risk of the Ebola virus outbreak in DR Congo.

We plan to intensify mobilization and demand creation for VMMC through VMMC champions, radio talk shows, and community dialogue meetings in the next financial year. We have modified and aligned the implementation of VMMC to the GoU guidelines amidst COVID-19. We shall also implement VMMC to walk-in clients at ten main static sites and 15 satellite static sites, reaching 5-10 pivot age clients per site and day.

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT):

PMTCT is a significant component of the project package towards eliminating mother-to-child transmission of HIV through a family-centered approach. Services supported by the project for PMTCT include universal HTS for every pregnant and lactating woman and enrolment into chronic HIV/AIDS care and treatment for all HIV positive mothers.

By June 2020, 26,308 pregnant women were tested for HIV out of 28,968 women who attended ANC, of which 1661 were HIV positive 100% (1653) received ARVs for eMTCT. Identification of HIV-exposed infants (HEI) and uptake of EID/e MTCT services is strengthened through integrating EID services in YCC/Immunization clinics and also emphasized through routine monthly MCH outreaches, especially in hard to reach communities in the region. Chronic care, including ART, is provided according to the PMTCT policy–eMTCT strategy.

SEXUAL PREVENTION:

Condom and other prevention – Baylor-Uganda supports the MOH national HIV prevention strategy 2014 and the National Priority Action Plan 2015-2018, emphasizing the key population (KP) and other vulnerable and priority populations (PP) by providing a comprehensive HIV prevention package.

PREVENTION FOR KEY AND PRIORITY POPULATIONS (KPs and PPs)

We worked together with KP-CSOs to enhance mobilization testing, linkage, and follow-up of key and priority populations. We partnered with WONETHA, KWSHI-Kabarole, and KWSHI- Kasese to identify Female Sex Worker (FSWs) in the districts of Kasese, Kamwenge, Kabarole, and Bunyangabu. The last part of the ACE-Fort project KP program implementation was affected by the COVID 19 pandemic that rendered most community services unsafe. The program had to adapt and develop innovative ways to continue providing services amid the COVID 19 lockdown. Innovative strategies employed include community drug distributions and community VL sample collection. We scaled up HIV self-testing and Social Networking testing Strategy at Drop In Centres and KP friendly sites through community workers and peers to make up for the halted community outreaches.

Table xx: KP/PP Prevention Performance (July 2019- June 2020)

Category	Type	COP 19 target (Annual)	Number of KP/PPs served	% Achievement of Annual Target
			Cum July 2019 – Jun20	
KP	FSW	3176	6770	213%
	MSM	327	422	129%
	TG	-	17	-
	PWID	-	36	-
	Total KP_PREV	**3503**	**7245**	**207%**

Data source: KP Tracker, accessed 25th July 2020

Key Population Investment Fund (KPIF)

Nine CSOs were awarded sub-grants under the Key Population Investment Fund. Six Motorcycles were provided to the CSOs to help with community drug distribution during the COVID Lockdown. KPIF supported the establishment of eleven Drop-in Centers; four of which are fully functional in line with the MOH DIC guideline requirements (KWHSI Kasese, KWHS Kabarole, MARPI, and PCI). We equipped all DIC with furniture, Laptop computers, Printers, Cabins, STI medicines, and community enrolment forms.

GBV Interventions and Response

Baylor-Uganda has mentored 214 health workers at 65 health facilities to provide GVB screening. We also assessed 48 Health facilities providing post GBV care using the standard GBV QA tool. The use of SAUTI 166 toll-free line has been popularized through radio talk shows, DJ mentions, radio spot announcements, and active engagement of Para-social workers and community Development officers to respond and refer cases of violence. As a result, we improved GBV screening at high incidence service points and community facility referrals.

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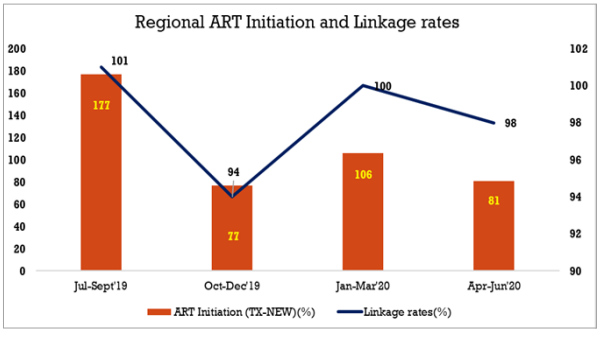
Linkage and ART Initiation:

The project supported 145 health facilities to identify, link and retain PLHIV on treatment in Fort Portal region, in line with the UNAIDS 95-95-95 strategy. Overall, the region had good linkage rates for all HIV positive cases identified as a result of employing high yielding strategies such as index testing through APN. Targeted data-driven mentorships were also conducted to identify more new HIV positive clients through the accelerated surge. The project scaled-up the implementation of the linkage bundle that included; same day ART initiation, use of client locator forms, physical escorting of newly diagnosed persons by peers. Overall, as a region, index testing approaches are very effective in HIV case identification.

Figure 3

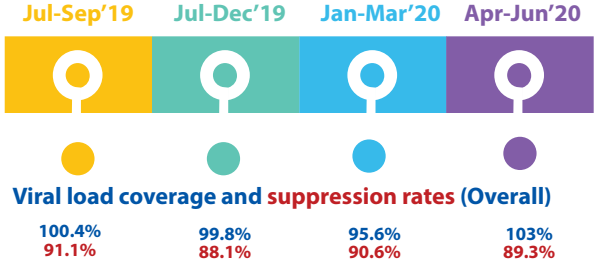


Viral load coverage and suppression rates:

Overall, viral load (VL) coverage in all ages was above 95% with suppression rates ranging from 89% to 91%. Children less than 10 years and adolescents 10-19 years contributed to the suboptimal suppression rates averaging at 71% and 80% respectively.

Over the course of project implementation, we have conducted targeted mentorships in Paediatric and Adolescent HIV care in 56 health facilities where a total of 149 health workers were reached as well as scaling up optimisation of more efficacious regimens in children and adults.

Figure 4 Fort Portal Region Viral Load rates

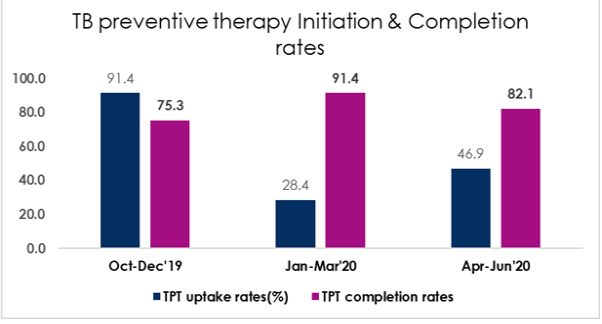


Early and 12-month retention rates:

In July 2019, retention of clients in care was the major gap at 86% compared to the desired 90% target. Interventions to improve both early (within a month after diagnosis) and 12-month ART retention included; Health facility client line listing and tracking as well as rallying alongside the community-facility referral and linkage framework. We embraced the community-based organisation (CBO) structures in improving and maintaining continuous engagement in HIV care for all clients on treatment. Our early retention and 12-month retention rates were 82% and 92% respectively, by the end of the project year. In an effort to improve retention in HIV care among children below 10 years, the project supported 46 health facilities to run family clinics. This was aimed at giving adequate time for the health workers to review the care for the children as well as reduce waiting time for the caregivers at the health facility. Thirty health facilities were supported to integrate early childhood development into HIV care to attract children to the health facilities. At 10 health facilities, child friendly corners were set up to enhance outdoor play.

TPT scale-up and completion rates by Quarter and district:

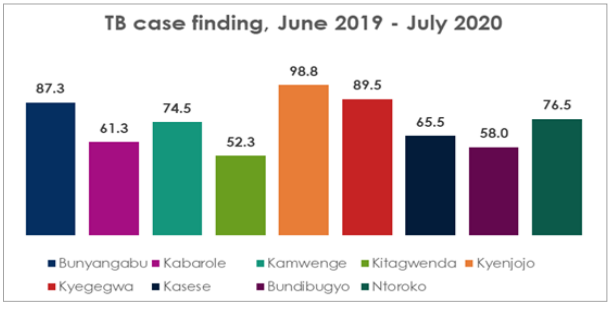
Figure 5



To scale up evidence-based TB preventive therapy (TPT) using Isoniazid (INH), we worked with the districtmedicine supervisors, Health facility HIV and TB focal persons and also utilised real time data on isoniazid stock status in all targeted facilities. Through mentorships and technical support supervision, the TB team reviewed TPT data and gave facility level feedback to TB contact person regarding their enrolment and completion rates. We additionally fast-tracked Isoniazid stock levels at National medical stores level to ensure sustained availability of INH stock in the region.

Regional TB case finding was 58.9% in July – Sept 2019, 77.3% (Oct-De 2019), 78.0% in Jan-Mar 2020 and 87.2% in April-June 2020 quarter. Kyenjojo, Bunyangabu and Kyegegwa contributed to more 80% case finding rates in the project year as shown in figure 6 below. This was attributed to the proactive community contact tracing and sputum sample collection by the health care providers in the respective districts in the last two quarters of the project reporting period.

Figure 6: TB case finding rates by districts in Fort portal region:



Pead and adolescent HIV services:

In order to improve retention in HIV care for adolescents, differentiated service delivery models were implemented. Sixty-nine (69) health facilities were supported to run adolescent-only clinics in order to give special attention to this age group. The project continues to implement the YAPS (Young people and Adolescent Peer Supporter) model. The YAPS were engaged in providing services to their peers aimed at improving adolescent HIV indicators along the cascade of care to reach the 95-95-95 goals for adolescents and young people i.e. mobilizing for HIV testing services, linkage into HIV care, retention in care as well as achieving viral load suppression.

YAPs peer to poeer Activity at one of the sites in Fort Portal

The YAPS strategy which is intended at capitalizing on peer-peer approach to improve identification, retention and suppression among adolescents and young people. The program is being implemented in 10 facilities within Kabarole and Kyenjojo districts with 34 YAPS trained to support Linkage to care, treatment and psychosocial support to Adolescents and Young Persons (AYPS).

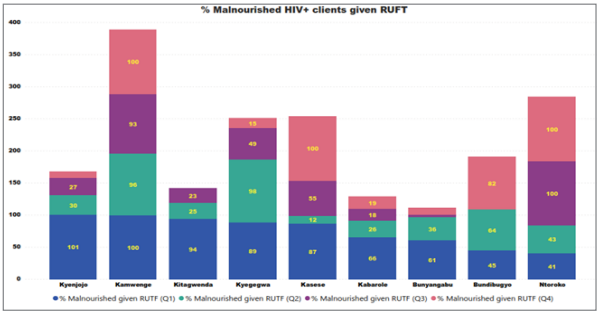
Nutrition performance:

With the region's level of malnutrition among HIV positive clients at 54% (871/1617), we tailored our interventions to high burden districts. Through district-led programming; technical support supervision, targeted mentorships, DNCC review meetings and coaching with health care providers were the major activities. We coached health care providers on how to prepare nutritious feeds from locally available foods (see picture)

Health provider demonstrating nutritious food to clients

We also staggered our nutrition supplementation with Ready to Feed therapeutic feeds (RUFT) to identified malnourished children in the supported districts as shown in figure below;

Figure 7: Quarterly distribution of RUFT staggered by number of identified malnourished clients.



THE CALL CENTRE

One of the call centre team members on duty

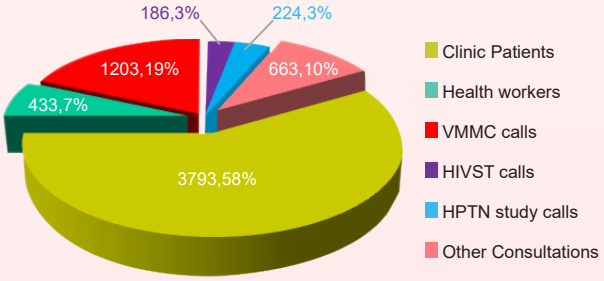
Management of Paediatric and adolescent HIV/AIDS/TB remains a major challenge among health workers, especially those in the peripheral health facilities, despite deliberate efforts by the Ministry of Health to improve pediatric and adolescent HIV/AIDS/TB services through training and mentorships.

The National Pediatric and Adolescent HIV/AIDS/TB Call center (NAPAC) was started to bridge the gap by providing consultative services in the domain of pediatrics and adolescent HIV/AIDS/TB management. The NAPAC is a toll-free line that health workers call to consult whenever they encounter challenges while managing pediatric and adolescent HIV/AIDS/TB. It has been marketed to achieve up to 94% coverage in Uganda.

With the above, the call center also attends to consultations from clients regarding; Voluntary medical male circumcision (VMMC), HIV self-testing countrywide, and HPTN research study, among others.

Between July 2019 to June 2020, the call center received a total of six thousand five hundred and three (6503) calls from both health workers and clients.

Figure 8. % of calls received per caller category.



NB: The majority of the callers were ART clinic patients from Baylor-Uganda COE and Rwenzori ART clients, especially during the COVID-19 lockdown period.

Call Center support during COVID-19 pandemic Lockdown.

"Hullo doctor, I heard about your service from the radio, I am an HIV patient from Entebbe, and I have run out of ARVs; how can you help me get a refill?".. These are among the queries from clients who called for support at the call center during the COVID-19 lockdown period.

In the four months of lockdown, the helpline received a total of three thousand two hundred and ten (3210) calls from clients on Anti-retroviral therapy (ART) from all over the country.

82% of these were Baylor-Uganda COE clients, while 11% were from Fort portal regional. 7% were clients from other Implementing partners like Mild May, IDI, MUJHU, and Rakai Health Sciences.

This is how the Call-center supports; every morning, an SMS reminder is sent to Baylor-Uganda clients using the Clinic database supplemented with radio spot messages. It informs the clients about the availability of the toll-free service in case of an emergency. During lockdown, the most frequently asked question was about where and how to access ARV drugs since there was a ban on public transport. Some clients complained about lack of food due to the lockdown, yet they can not take ARVs on empty stomachs. These tremendously affected the adherence to drug intake by clients.

The helpline played an integral role in HIV treatment continuity by linking clients without transport to the community health linkage officers who freely delivered drugs to clients or connected clients to differential service delivery model (DSDM) volunteers who deliver drugs in the community. Some clients used motorcycles known as "safe Boda" to pick medication on their behalf from the clinic. Those from very outlying districts were advised to go to the nearest government facilities with their clinic reference books for refills.

ELMA SUCCESS STORY

"Just a meal to survive: Baylor-Uganda supports a single mother of four children living with HIV at Kyenjojo hospital, Western Uganda."

Despite improved access to lifelong HIV treatment, ending the epidemic is far from being achieved among impoverished families in developing countries like Uganda. Valeria Kisakye *(not her real names)*, a 42-year-old mother of three; two boys and one girl, lost a husband and everything in life. Patrick *(not real names)* was someone who had given her a new life, new hope after the father of her two older boys had disappeared mysteriously. Four months after the tragedy, her in-laws chased her from her husband's ten-acre property (land), accusing her of playing a role in his death. Valeria had to seek refuge at her parent's home, who later passed on living a sizeable land and house in her possession.

After four years of loneliness, she tried to find love again and, in the process, produced another son Isaac *(not real name),* regrettably with a drunkard, who is not able to provide basic needs for her family. In 2014 more misery befell her family as she and her 'ever ill' one-year-old son Isaac were confirmed to be living with HIV. Through family tracking and index testing of the other three children, Janet, 12 years *(the only girl)*, was also HIV positive. Valeria narrates that at that time, she couldn't imagine how a single mother was going to provide for the four children, two being in HIV care.

As time went on, Valeria started seeing everybody around her as an enemy, socializing with people became a nightmare, stopped going to church, stopped providing for her children, and made alcohol her only companion. She started missing her HIV treatment appointments, and consequently, the administration of ARVs to her children became irregular. Valeria became virally unsuppressed in October 2017, 41 months after starting HIV treatment, while Isaac failed on a second-line ART regimen by March 2018.

Health Facility-based Intensive Adherence counseling was not enough to address her family barriers and called for home visits to address psycho-social issues affecting their adherence. In March 2019, a counsellor from Baylor-Uganda, a health care provider, and a social worker from Kyenjojo hospital visited Valeria (see picture).

Everything was in a total mess as the house was surrounded by a bush and garbage littered everywhere around and inside the house; the floor had not been swept for like two weeks despite an adolescent girl's presence. This was enough manifestation that something more significant than anticipated was happening. During the conversation with the counselors, she was asked why she had given up on her family, tears rolled from her eyes, and hesitantly lamented "(ninkimanya nyowe nabaana bange itweena nitugenda kuffa): meaning; I know, my children and I are going to die soon." She opened up on how her family was struggling to get food daily, and children were not willing to take drugs on an empty stomach, which stressed her so much. Additionally, she had no reliable time reminder as to the reason for her irregular taking of HIV treatment. This was evidenced by a mere 3kgs of maize flour left for the family and was not sure of the next day. A suicidal mind could be read from whatever she was saying. Even with the support (though irregular) the family was getting from a Community-based Organization (CBO) in the form of scholastic materials, and food rations were not enough to get the family out of this situation.

The counsellor noted that this family needed to intensify psycho-social support and economic empowerment to restore hope in the household, which would be a gradual process. An action plan was designed and implemented by Baylor-Uganda with support from the ELMA project that included; monthly home visits for psycho-social support, food support in the form of maize flour, rice, groundnuts, beans, millet flour, silverfish, powdered milk, salt, sugar and cooking oil. They encouraged the client to grow some of the beans and groundnuts to ensure food security in addition to the Baylor-Uganda support from ELMA project.

Valeria with counsellors during the home visit

These interventions by counselors yielded positively as in May 2019 during the second home visit. The neat well-cleaned compound would give every visitor fresh breath, welcomed by the now smiling Valeria into the sitting room, this time swept and organized. Immediately she could not hide her joy and appreciation to the visitors for how they had saved her "starving" family as she said, "tindikumanya ekindibasimisa" literally meaning; I don't know how tothank you. To our surprise, she had even bought a watch as her time-reminder and had started administering ARVs regularly and on time, and her mindset towards drugs had changed entirely. She had even planted some of the ground nuts and beans supplied to her and was optimistically anticipating a bumper harvest in a few months. Gradually, she had started socializing with some of the neighbors, and the family was now attending church services regularly. Appointment missing became history to the family, and it was no surprise that, by January 2020, all the three household members in care had suppressed viral load.

Valeria with her daughter Janet and son Isaac on the recent visit to the clinic in March 2020)

TB/HIV Programs:

Success story on TB treatment:

Namanya Molly (not her real name), a 1-year old female who had a persistent cough, recurrent fevers, loss of appetite, delayed growth milestones, was brought by the mother for immunization at Mituli trading centre in Ruteete sub-county, Kabarole district where staff and VHTs from KIDA hospital had gone for an outreach. On conducting screening, the child was found to be severely malnourished and suspected to have active Tuberculosis. She was referred to KIDA hospital for further assessment and management. At the hospital that day, Marita was discovered to be having Severe Acute Malnutrition (SAM) of 8cm Mid Upper Arm Circumference (MUAC) weighing 3kgs at the age of 1 year instead of the expected 10kg body weight and clinically diagnosed with Pulmonary Tuberculosis.

She was immediately initiated on six months anti-TB treatment as well as nutrition care support with continuous monitoring, assessment and support. Improved TB screening and sputum induction capacity to improve paediatric TB diagnosis in the region were key in this success story.

Story by: Dr Ronald Tusiime – TB/HIV Coordinator, Rodgers Muhwezi - TB/HIV Officer Kabarole Cluster, Dr Rosemary Odeke - TB/HIV consultant, Talent Kebirungi SCO KIDA Hospital

TB/HIV services:

Baylor-Uganda implements the MOH TB/HIV policy with guidance from the National TB and Leprosy Control Program, where TB/HIV collaborative activities are done.

Interventions to decrease the burden of TB among PLHA (Intensified TB case finding-ICF, contact and defaulter tracing and infection control and HIV/TB co-management of patients, (PITC, Cotrimoxazole preventive treatment, and ART for

TB/HIV co-infected patients) are supported at all TB Diagnosis and Treatment Units (DTUs) across the region.

Baylor-Uganda launched the TB-SURGE strategy across all the nine districts in the region to accelerate TB case identification and management by creating demand for TB services, screening, and referral of TB presumptive cases, and uptake of Gene-Xpert technology to hasten TB diagnosis.

Targeted TB-specific mentorships in pediatric and adult TB/HIV/AIDS case identification, Isoniazid prophylaxis therapy (IPT) uptake, and TB case management are conducted across high volume sites every quarter to enhance identification of TB cases. Emphasis is placed on pediatric TB screening, diagnosis using gene x-pert, and TB-LAM methodology. The DTLSs and DLFPs are supported through sub-grant funding to supervise all health care workers involved in TB management every month.

TB supply chain is strengthened through quarterly quantification, procurement, and distribution of buffer stocks of sputum mugs, TB stains, and other reagents, mentorship of health workers in proper ordering and quantification of Anti-TB meds and lab reagents.

One thousand six hundred eighty-two (1,682) new and relapse TB cases were identified (42% of the target of 4,005) during the reporting period. All (100%) of the latest and relapse TB patients knew their HIV status. 592 HIV positive TB patients were identified during the reporting period, and all were on ART (TB-ART). This represented 33% of the TB_ART annual target. A total of 7,227 individuals were initiated on IPT (27%% of the annual target of 27,039). The TPT 3-month completion rate for the region was 92%, and the 6-month completion rate of 93%. TB case identification was affected by sub-optimal screening at entry points due to the COVID19 pandemic.

Baylor-Uganda Staff with CAP inspectors at the COE - Mulago during accreditation process 2019

Laboratory Quality Management Systems (-SLMTA labs and LQMS)

During the reporting period, we maintained international accreditation of two laboratory Hubs, CQI SLIPTA activities in four other Hub Labs. We also implemented two trainings in method validation and verification and Internal Audit for Lab Hub Managers and Quality Officers.

Through collaboration with MOH CPHL, surveillance audits were conducted in four Labs (Kyegegwa, Kyenjojo, Bundibugyo and Kagando

Table 3: SLMTA program implementation

SLMTA site name	AFRO-SLMTA score by June 2019	Current SLMTA status July 2020	Remarks
Kilembe Mines Hospital	Accredited by SANAS	Maintained SANAS accreditation	Received SANAS online surveillance audits. Lab has been relocated to a new site following a flood incident.
Rukunyu HC. IV	Star IV	Applied for SANAS Accreditation	Laboratory being fast tracked for SANAS accreditation
Fort portal regional referral Hospital	Accredited by SANAS	Received SANAS Surveillance audit and increased accreditation scope from 31 tests to 40 tests.	Received Certificate of Accreditation
Kyenjojo Hospital	Certified Lab by ASLM	SLIPTA CQI activities for improvement	Received SLMTA audits from the national ASLM auditors .Qualified for certification by ASLM.
Bundibugyo Hospital	Star IV	Maintained Star IV	Laboratory to be fast tracked for SANAS accreditation
Kyegegwa HC. IV	Star III	Star III (Qualified for Certification by ASLM)	Laboratory to be fast tracked for SANAS accreditation
Kagando Hospital Lab	Star IV	Maintained Star IV	Laboratory to be fast tracked for SANAS accreditation

Medical logistics and supply chain systems

Activities conducted

The Medical Logistics Department supported Health Facilities (HFs) in quantification, ordering, and reporting on all commodity types for public HFs to National Medical Stores (NMS) and Private Not For Profit (PNFP) HFs to Joint Medical Stores (JMS). We also supported the ordering of commodities for Voluntary Male Medical Circumcision (VMMC) from Medical Access Uganda Limited (MAUL).

Activities conducted to improve electronic Logistics Management Information Systems (eLMIS) included; Real-Time Facility Antiretroviral Commodity Stock Status Monitoring System (RASS) Technical Support Supervision (TSS).

We distributed and redistributed Antiretroviral Therapy (ART) medicines, Tuberculosis Preventive Therapy (TPT), HIV Self Testing Kits, Laboratory, and VMMC commodities was also conducted.

Key achievements of FY 2019/20

- ☐ All (100%) of Health Facilities (HFs) were supported to order and report accurately and timely.
- ☐ Average RASS reporting and data utilization for all commodity types improved from 75% to 88%.
- ☐ The average regional SPARS performance was 86% and 84% for ART and EM SPARS,respectively.
- ☐ VMMC commodities worth $471,888.2 and20,050 HIV Self Testing (HIVST)kits were distributed.
- ☐ Fifty-seven active Drug Safety Monitoring (aDSM) reports were submitted to the national pharmacovigilance centre.
- ☐ sub-optimal screening at entry points due to the COVID19 pandemic.

Quality Improvement (QI):

Continuous Quality improvement has now been integrated into routine data reviews and fixing gaps identified in targeted supported health units, CBOs, and above site level. Districts receive monthly technical support from the cluster public health specialists to functionalize and support district and health CQI committees to meet monthly sub-grant funding.

As mandated by the MOH Quality Assurance Department, all HFs have inclusive QI teams involving healthcare services and consumers. District-based CQI mentors conduct site-level data reviews to identify the strengths and missed opportunities at these facilities. Action plans and CQI projects are developed regularly to address the identified gaps. Peer to peer learning sessions are conducted to enable sharing of best practices and learning exchange visits between HFs and districts while district reward committees have been set up to recognize the outstanding performers over the reporting period.

Human Resources for Health (HRH):

The overall HRH staffing stood at 382 staff including both clinical, Laboratory, Pharmacy, Management, Social, Lay and other staff where clinical staff constituted 12%, Laboratory 4%, Pharmacy 0.2%, Management 18%, Social Service 9%, Lay Staff 49% and others 8% of the total HRH Staffing.

Orphan and other Vulnerable Children (OVC)

During the FY July 2019- June 2020, 37,270 out of 38,496 OVC received services from Baylor-Uganda, an overall achievement of 98% against the annual target. Out of the total beneficiaries served, 37,546 were active, while 1,067 OVC have cumulatively graduated. Besides, 1,555 out of 1,578 HIV+ children had had a viral load test, and 86% had a suppressed viral load result. Additionally, the OVC program undertook a series of capacity strengthening measures for 20 Community Based Organisation (CBOs), 145 health workers, 267 Para Social Workers across 74 Sub Counties in the seven districts Bunyangabu, Kabarole, Kamwenge, Kasese, Kitagwenda, Kyegegwa, and Kyenjojo.

1. Education (School) Services.

During the year, the OVC program supported 10,334 (5158 female; 5,176 male) children under 18 years with a differentiated age-appropriate package of early childhood development and education support services. The education support and other school-related interventions aim to re-enroll and retain children in school.

The program targeted 10,334, 248 children aged 0 – 5 years and their caregivers who benefitted from a series of early childhood development interventions through the community-based model. Additionally, 5,730 adolescent girls were provided with sanitary towels and counselling to help them cope with menstruation and its related challenges.

2. Access to HIV Services.

During the year, part of the effort was to sustain efforts attained towards epidemic control included strengthening and smoothening access to appropriate HIV services for HIV children and caregivers. Overall, 100% (27,953 of 27,953) children served 0 – 17 years had a known HIV status, with 3,641 C/ALHIV, 24,312 children reporting HIV negative status. All the C/ALHIV were on ART, surpassing the 95% target of initiation and retention in care. On the third 95%, 1554 out of 3641 OVC on ART having a documented VL test result, and 86% had a suppressed VL load.

3. Food security and nutrition support.

In the period under review, the program supported households ravaged by floods in Kasese and those whose plight was further exacerbated by the COVID-19 pandemic. We provided a nutrition and food support services package, namely food rations, nutrition education and counselling, farming implements, seeds, and agricultural advisory services.

4. Financial Stability Services.

a. Micro Enterprises.

During the reporting period, 4568 (3136 female:1432 male) caregivers were supported to form VSLA groups, provided technical support supervision by the seven District Local Government officers. 200 VSLA groups are active in the last year, and they now can lend money to each other worth 100 Million Shillings.

b. Apprenticeship and start-up Capital.

A total of 300 children out of school who had completed training in various trades, including tailoring and hairdressing welding machines, sewing machines, and saloon items, received start-up kits.

The Global Fund TASO Grant

The Global Fund-TASO grant implemented by Baylor-Uganda as sub-recipient aims at reducing the vulnerability of the out of school Adolescent Girls and Young Women (AGYW) to HIV infection, Gender-Based Violence, and Sexual Reproductive Health issues. In line with the project priorities, our focus is on the Key Affected/ Most-At-Risk populations using community-driven prevention intervention, focusing on the high burden and underserved locations and people.

Using this approach, Baylor-Uganda has aggressively implemented behavioural Change and Communication campaigns especially targeting youth in and out of school through social events, including sports, Music, Dance and Drama, Essay and debate, and economic empowerment programs. Over 13774 AGYW have been reached with HIV prevention services from July 2019 to June 2020.

Bridget Turinawe, 22 years AGYW from Busiisi Cell, Kahoora Division in Hoima District, is among the 13774 AGYW served with HIV prevention services who have counted her blessings of having been empowered to prevent HIV infection through vocational skills training aimed at improving her income, thus reducing vulnerability to HIV infection.

Bridget was introduced to the vocation skills program implemented by Baylor-Uganda and TASO by the local council chairperson who found her at her home having dropped out of school due to lack of school fees. Bridget was assessed for vulnerability and was enrolled in the program with fifteen girls from her sub-county.

Bridget formed groups of fifteen with her peers and asked to choose a mentor mother and a name for their group. Her group was named "Born to win." However, along the way, some participants dropped out of the program, and only eight remained. The girls were involved in various sports activities where health education talks and prizes would be given at the end of the competition. The prize-giving was intended to keep the girls interested in the programs and encourage others to pick an interest.

Bridget after training in Catering and now working at Tik Hotel in Hoima City

We would meet every Sunday, and people kept asking us what we were going to do. During some of these meetings, we discussed issues relating to HIV and had periodic HIV testing done. We were given HIV prevention messages and encouraged to stay negative. Luckily, we did not have anyone positive in our group.

Narrates Bridget.

Bridget was attached to Nile Vocational Institute, and Baylor-Uganda covered all costs of her training. The available programmes included hairdressing, tailoring, mechanics, driving, hotel management, and catering. She chose hotel management and catering.

The training lasted 4months, and Bridget was attached to a hotel for her practical training. However, the hotel could not take her on due to many trainees already on board. However, Bridget did not sit home since she was empowered already; she looked for any available opportunity as she narrates;

"I did not want to sit home, so I decided to look for a place to do some training. I was given a placement at Tik Hotel and started training in December 2019. I have had an opportunity to work at the reception, where I have gained customer handling skills. I have also supported housekeeping and restaurant duties. I enjoy housekeeping and reception more."

Training with Baylor-Uganda under TASO has not come without challenges. Bridget reports a lot of stigma because everyone is aware that TASO supports HIV- positive people. She adds that the girls who were unable to ignore the negative comments dropped out of the program and lost out on the empowerment.

Sharon is a work colleague that has taken an interest in mentoring Bridget. She commented:

"Bridget is hardworking, social, a team player, and disciplined. She is very passionate about the course that she did. Although she is still learning, especially about reception service, I can ably say she is trainable. She is already good at housekeeping."

Providing the out of school girls with the knowledge and skills which can influence good choices to be made later in life will protect them as they go through their most vulnerable years. This is particularly true for adolescent girls and young women, who continue to be the most susceptible and highest risk groups in the HIV battle.

In addition to AGYW interventions implemented in 15 districts, Baylor-Uganda has scaled up PMTCT services through establishing and facilitating Family Support Groups (FSGs) in three districts, including; Kiryandongo, Kyankwanzi, and Kibaale, and scaling up Counselling and Testing of HIV among the fishing communities in 4 districts of; Mukono, Buikwe, Kayunga, Kalangala and Nakasongola.

Health Financing:

Baylor-Uganda is implementing the ACE-Fort project mechanism in the 9 Districts of Rwenzori Region, and one of the strategies for the project implementation is health financing through sub granting to supported partners.

The partners include Districts (Local Governments & health facilities), Civil Society Organisations (CSOs), and networks of persons living with HIV (PLHIV networks). Baylor-Uganda is mandated to subgrant 140 health facilities, 30 contracted Civil Society Organisations (CSOs), and 9 PLHIV networks.

Baylor – Uganda implements two approaches to sub granting; Results-Based Financing (RBF) to CSOs; and input based financing to health facilities, PLHIV networks, and 9 CSOs that are recipients of / implementing the Key Population Investment Fund (KPIF).

During the reporting period, 20 CSOs under RBF altogether earned Ugx 242,409,150 upon achieving agreed-upon targets; the 9 KPIF CSOs received Ugx 322,078,524; and local government entities (85 HFs, 4 District PHA networks,7 DHOs, and 9 DCDOs) received Ugx. 417,803,000 under input-based funding.

Activity implementation for part of the financial year from April-June was greatly affected by the outbreak of COVID19 but never the less, staff and the sub granted partner CSOs managed to carry out activities which did not require congregate settings.

Background: Baylor-Uganda, through a program cooperative agreement with UNICEF, is working with the Uganda Ministry of Health to strengthen the technical and management capacity for Reproductive, Maternal, Newborn, child, adolescent health, HIV/AIDS/TB, and Nutrition Services in 13 districts in Eastern (Kamuli, Iganga, Bugweri, and Namayingo), Central (Rakai), Midwestern (Kasese, Kyenjojo, Kamwenge, Kyegegwa, Kikuube, and Hoima) and Southwestern Uganda (Isingiro and Ntungamo).

Aim: The project aims to improve coverage and quality of Reproductive, Maternal, Newborn, child, and adolescent health and HIV/AIDS/TB and Nutrition services through strengthening Systems for leadership, governance, coordination, and service delivery in underserved populations in the selected districts.

Results/Key achievements:

The key achievements for the project from July 2019 to June 2020 are described below along the three programme outputs:

Programme Output 1: A total of eleven districts have been supported to develop an integrated district health plan for FY 2020/2021.

All nine districts implement at least three high-impact adolescent prevention interventions, including ART, HTS, and PMTCT.

The project has supported 39 Young People and Adolescent Peer supporter(YAPS) (Female-33, Male-6) in Kamuli and Bugweri districts to support HIV positive adolescents and young People to maintain HIV care and treatment services at community and health facility level since January 2020. Outputs from the YAPS intervention for January to June 2020 are as summarized in table 1. The most popular services provided by the YAPS include health education, pre-test counselling, and home visiting.

Table 4: Adolescents & Young People (AYP) Served by YAPS Jan-June 2020

Service package	Adolescents & Young People (AYP) Served		
	F	M	Total
Health education by YAPS	3271	1925	5196
Pre-Test counselling by YAPS	873	534	1407
Ongoing or Intensified Adherence Counselling (IAC)	557	446	1003
Home visited *(standard)*	1317	995	2312
Home visited *(enhanced)*	1071	810	1881
Visited at School	82	62	144
Missed appointments or LTFU assigned for tracing	360	322	682
Missed appointments or LTFU assigned for tracing and returned to care	275 (76%)	216 (67%)	491 (72%)
Newly enrolled in Peer support Group(PSG)	349	167	
Attended PSG sessions	617	501	
Received condoms	889	998	

YAPS have been equipped with a toolkit, including a bicycle to facilitate transport a raincoat, T-shirts, Backpack, Gumboots and job aid. Also, the YAPS receive a monthly stipend to facilitate their work.

YAPS have been supported to attend facility-based monthly meetings while adhering to COVID-19 infection prevention guidelines. During these meetings, YAPS share experiences, challenges, and work with health facility supervisors and the

district mentor to forge a way forward. Besides, gaps in service delivery are addressed continuously addressed through this platform.

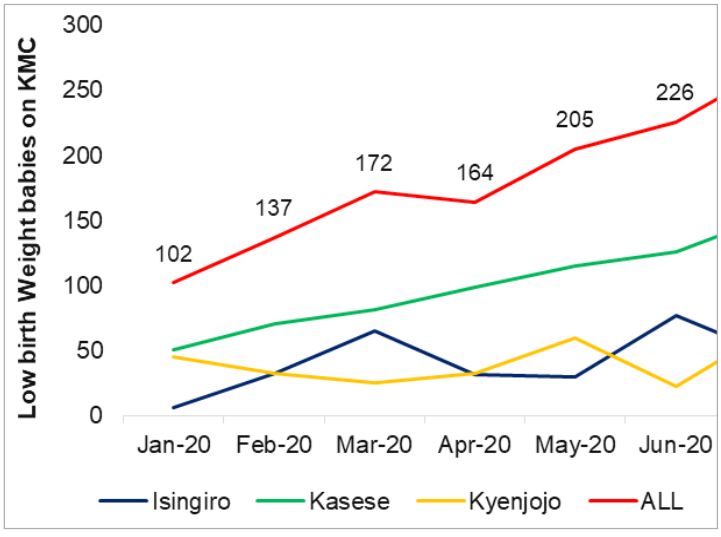
YAPS at Busesa HC IV immediately after receiving their work items

YAPS at Busembatya HC III, Bugweri district after receiving her work items

YAPS during a monthly meeting at Busesa HC IV in Bugweri District

Programme Output 2: Baylor-Uganda has supported the implementation of quality of care standards (QoCS) for Maternal Newborn Health(MNH) across 14 health facilities (Kyenjojo district - 4, Isingiro district - 4 and Kasese district-6) during mentorships.

Figure 8: Uptake of KMC in 3 districts (Kasese, Isingiro & Kyenjojo)



Programme Output 3:

Cumulatively, a total of 238,989 pregnant and lactating women have received infant feeding counselling in the five districts from July 2019 to June 2020.

Table 5: Primary caregivers of children aged 0-23 months who received counselling on IYCF

DISTRICT	JUL - SEPT 2019	OCT - DEC 2019	JAN - MAR 2020	APRIL - JUN 2020	JUL 2019 - JUNE 2020
Isingiro	25,814	23,441	22,704	18931	90,890
Kyegegwa	11,234	4,603	9,731	9021	34,589
Kamwenge	8,094	5,411	14,662	12588	40,755
Kitagwendwa	3,918	1,317	4,959	3497	13,691
Kikuube	7,841	21,830	14,577	14816	59,064
ALL	56,901	56,602	66,633	58,853	238,989

HIV testing among adolescents (15-18 years)

A total of 87,600 adolescents (15-19 years) were tested in July 2019 to June 2020 in the supported districts. Within refugee settings, we have engaged trained Volunteers to conduct screening for HTS eligibility among children and adolescents using the MOH approved risk-based eligibility tool.

Table 6: Adolescents (15-19Yrs) tested for HIV

PERIOD	Total tested			Total HIV+			HIV Positivity		
	M	F	Total	M	F	Total	M	F	Total
July-Sept 2019	8673	9994	18667	29	168	197	0.3%	1.7%	1.1%
Oct- Dec 2019	6346	8435	14781	23	173	196	0.4%	2.1%	1.3%
Jan- Mar 2020	3541	9574	13115	45	254	299	1.3%	2.7%	2.3%
Apr-Jun 2020	3134	14839	17973	12	190	202	0.4%	1.3%	1.1%
Total	27540	60060	87600	129	986	1115	0.5%	1.6%	1.3%

As observed in Table 6, overall HIV positivity was 1.3%; however, HIV Positivity is disproportionately higher among adolescent girls (1.6%) than their male counterparts(0.5%). As such, efforts towards HIV prevention among adolescent girls and young women are necessary.

Baylor-Uganda will continue to focus on expanding risk-based testing by using the HTS eligibility tool within health facility settings, promoting testing during flexi-hours for adolescents, and working with adolescent peer leaders to refer eligible adolescents in the community for HTS.

Communication for Development

The project has embraced Family connect, an electronic platform through which pregnant and lactating mothers receive text messages on essential family care practices developed by the Ministry of Health. To date, a total of 5,269 VHTs from eight districts have been registered on the community health Worker registry (CHWR). VHTs are enrolling pregnant women on the Family connect platform in the five old districts (Bugweri, Kamuli, Iganga, Isingiro, and Kasese) and in the new Family connect districts (Rakai, Ntungamo, and Kyenjojo).

GLOBAL HOPE

PHO: Global HOPE (Hematology-Oncology Pediatric Excellence)

PHO Patient Care

For over three years, the Uganda Global HOPE (Hematology-Oncology Pediatric Excellence) program has diagnosed and treated children with cancer and blood disorders. In the past year, Global HOPE has diagnosed and treated 240 children (Male-130 and Female-110) with cancer. The most prevalent malignancies treated were leukemia's (26%) and solid tumors (51%). The current overall 1-year survival rate is 75%, with solid tumors having the highest survival rate (80.2%), followed by leukemia (70.0%) and lymphomas (64.9%).

Global HOPE also provides care and treatment to over 5,000 patients, caring for them within the Sickle Cell Clinic at Mulago National Referral Hospital.

PHO Fellowship at Makerere University CHS

The Pediatric Hematology-Oncology (PHO) fellowship-training program is moving on successfully. The first two graduating classes consisting of four fellows (eight graduated total) have completed the fellowship and joined the public sector within Uganda and other East African nations. They are currently managing the care of children with cancer and complicated blood disorders. There are presently twelve fellows in training. Six Fellows (Class of 2020) have completed their clinical training and are scheduled to sit their final exams in September 2020. Six additional Fellows (Class of 2021) are due to complete their first year of the fellowship in September. Besides, seven potential candidates have been scheduled for interviews for next years' class (Class of 2022). Pending final curriculum approval from the senate of Makerere University, the Class of 2022 will be the first to participate in the program as a newly launched Medical Doctorate (MD) program at the Makerere University College of Health Sciences.

Dr. Peter Wasswa-, Medical Director, PHO, Dr. Jackie Balungi-Medical Care Manager; Dr. Marilyn Hockenberry -Director of Global HOPE Nursing program; and Ms. Aisha Nedege, PHO Nurse Trainer.

Other Capacity Building Activities

Since October 2016, the Global HOPE program has trained >700 healthcare workers, including over 240 in the last year alone. An initial cohort of seven nurse trainees completed Global HOPE's initial set of PHO nursing courses—Essentials of Pediatric Oncology Nursing and Principles of Chemotherapy on 31st January 2020. These trainees are currently enrolled in the second set of courses, including a Physical Assessment Course, which they will complete in December 2020. The second cohort of six nurses began this same program in October 2019 and are expected to meet them in December 2020. Four of the seven nurse trainees from the first cohort have taken on Quality Improvement projects to optimize and improve patient care. For two of these projects, the teams submitted abstracts to SIOP International Society of Pediatric Oncology for the virtual 2020 meeting. Both were accepted for presentation. The nursing training program curriculum is also in the final stages of review for registration and accreditation with the Uganda Nursing and Midwifery Council.

Community Awareness & Patient Engagement

On 14th February 2020, the PHO team held a celebration to recognize International Childhood Cancer Day at the PHO ward within Mulago National Referral Hospital. The Lions Club Kampala, led by their President, Mr. Cyriaco Kabagambe, attended the celebration. Over 30 children with cancer, together with their parents and guardians, participated in the festival.

COVID-19 Pandemic and Response

With the emergence of the COVID-19 pandemic and the presidential directives that enforced a nationwide lockdown, our priority was to ensure our patients continue to receive adequate care. We provided transportation for patients and families during the lockdown and hired ambulances for those critical patients residing outside the Kampala and Wakiso areas. We also used postal services to deliver drugs to our patients who live further north in Uganda. We have also been carrying out home visits to deliver chemotherapy and other critical care needed to patients at home. Finally, we have prioritized our trainees' educational needs (nurses and fellows) to ensure they stay on schedule to complete their training.

Research overview

Baylor-Uganda actively participates and fosters a collaborative research culture to meet her vision of becoming a leading Clinical research entity in the region. The aim is to impact health policy and improve children's lives continually, adolescents and families infected and affected by HIV. To achieve this, Baylor-Uganda conducts clinical and operational research as part of providing evidence-based solutions to global health challenges

Research and Knowledge management Targets

On-Going Research

As of June 2020, there were 23 active studies; seven randomized control trials (RCT) and 18 are observational studies. We also have 05 studies in the preparatory stage (three RCTs and 02 observational studies). For a synopsis of the studies, visit/*https://www.baylor-uganda.org/baylor-research/.*

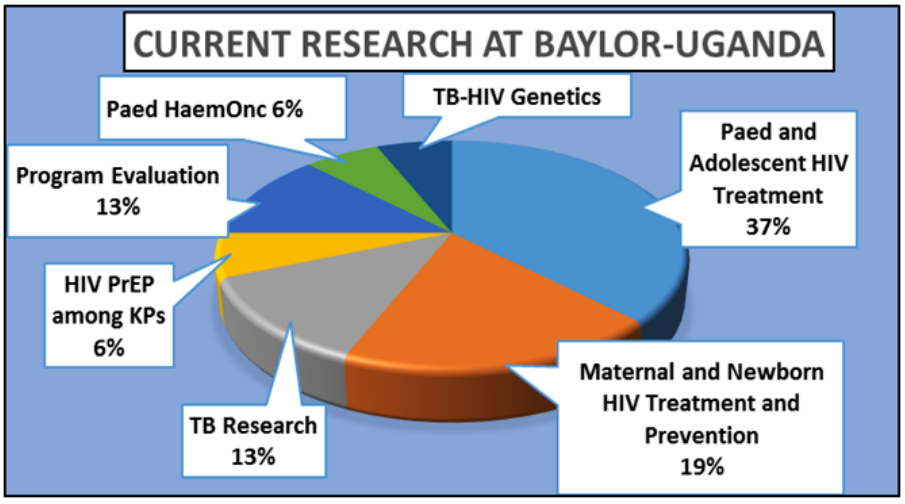


Fig xx. Categories of research at Baylor-Uganda

Baylor-Uganda Research Impacting Healthcare Policy

Research conducted at Baylor-Uganda continues to impact local and international health policies. Details about studies that have impacted healthcare policies can be accessed at *https://www.baylor-uganda.org/publications/*

Table 7. Baylor-Uganda Research has a Health Policy Impact.

Study	Objective	Policy impact
ODYSSEY Trial **Funding source:** **Viiv Health care and** **PENTA Foundation**	To compare efficacy and safety of dolutegravir-based ART vs. standard of care for HIV-infected children <18years of age starting ART or switching to second-line HIV ART.	The FDA, WHO, and Uganda MoH adopted the use of dolutegravir (DTG) among HIV-infected children less than 20kg. Baylor-Uganda research site, under Dr. Adeodata Kekitiinwa's leadership as site PI and Dr. Pauline Amuge as a trial manager; contributed pharmacokinetic, safety and efficacy data that led to the FDA approval of dispersible dolutegravir tablets (5mg, 10mg, 25mg) for use in children living with HIV for first-line and second line. Link to the video: https://vimeo.com/432489467 ODYSSEY news: ODYSSEY trial plays a vital role in FDA approval of Dolutegravir for children
IMPAACT 2010 (VESTED Study) **Funding Source:** **NIAID and IMPAACT**	To compare DTG, EFV, TAF, and TDF containing regimens with regard to safety and virologic efficacy during pregnancy and through 50 weeks of maternal and infant follow-up postpartum	The MoH adopted dolutegravir (DTG) and TAF-containing treatment regimens for pregnant and lactating women in the HIV treatment guidelines 2020. The Baylor-Uganda site PI, Dr. Violet Korutaro, was among the investigators who participated in this study The IMPAACT 2010 study proved that DTG if started at 14-28 weeks of pregnancy is safe and more effective for viral suppression during pregnancy than an EFV-containing regimen. The results of this study were discussed at CROI as a late-breaker abstract. https://impaactnetwork.org/publications/CROI2020.html
HOPe project **Funder: PEPFAR/CDC**	To increase TB and HIV case finding among household TB contacts through household-based outreach and patient engagement (HOPe).	The national TB and leprosy control program (NTLP) at the ministry of health has developed and tested an electronic TB and leprosy case-based surveillance system (eCBSS) benchmarking on the electronic contact tracing register that was piloted by Baylor-Uganda in Kyenjojo district under Dr. Pauline Amuge's leadership. This will be a nation-wide TB and leprosy electronic case-based surveillance system to facilitate centralized active surveillance and data-driven training and mentorship in TB care from the national TB and leprosy program.

LOLIPOP study, a Phase I/II **Sponsor:** DND*i* DNDi Drugs for Neglected Diseases *initiative*	To estimate the average population exposure to LPV, ABC, and 3TC in the 4-in-1 formulation in HIV-infected children dosed per WHO weight bands.	The 4-in-1 (ABC/3TC/LPV/RTV) capsule ART formulation had been adopted by the WHO for HIV treatment among younger children >3kg to <25kg. Baylor-Uganda was among the sites for this study, with Dr. Grace Kisitu leading the study at the site. The pediatric formulation, 4-in-1, has been included in HIV-infected children, weighing 3 to 25 kg, following findings from this study. https://www.aidsdatahub.org/sites/default/files/resource/who-considerations-introducing-new-antiretroviral-drug-formulations-children-2020.pdf

Continuity of health care and research during the COVID-19 pandemics: Best Practices

Baylor-Uganda research teams continued to study participants' follow up during the COVID-19 pandemic.

- ☐ **COVID-19 risk management plans:** Research continuity plans were developed in line with guidance from the study sponsors, prevailing government directives, and the Baylor-Uganda COVID-19 task force. Best practices included; developing institutional SOPS on transporting participants and staff; delivery of drugs to participants using courier services and community linkage officers; adherence to all COVID-19 Infection Prevention Control (IPC) safety measures, use of personal protective gear by participants and staff.

Baylor-Uganda staff screening HPTN 084 study participant for COVID-19 before transportation to the study clinic.

- ☐ **IPC training:** The required IPC training during this COVID-19 era was done using majorly virtual platforms such as Zoom, emails, and staff WhatsApp groups. The latter was particularly useful in the event of internet challenges and especially for quick national updates on COVID-19 disease.
- ☐ **Drug delivery to participants:** Innovations using the approved courier systems to deliver study products for Odyssey and IMPAACT P1115 study participants whose movement from district to district was restricted as part of government safety measures were used to ensure study product compliance.

HMIS Reporting:

During the reporting period, Baylor-Uganda, through its projects, supported thirty-seven districts to submit timely reports through reporting systems, i.e., District Health Information System 2 (DHIS2) and Orphan Vulnerable Children Information System (OVCMIS).

The reporting rate for health facilities and CSOs was sustained at 98% on average during the review period. This achievement is attributed to the continuous mentorships, joint support supervision, reporting reminder messages, district engagement, and HR support. There was good collaboration between the Baylor-Uganda M&E team, Bio-statisticians, planners, and probation officers to review and use the data for decision making in the supported districts.

We collaborated with the above site teams at METs and MOH to review and implement data quality control measures to improve accuracy, completeness, and timeliness. We conducted routine supervision, and data validation exercises and actions were generated to address identified gaps.

Data use:

Baylor-Uganda supported DHTs and HFs to conduct district quarterly review meetings while observing social distancing guidelines for COVID19. All districts reviewed their quarterly performance data and generated catch-up action plans to address identified gaps. We facilitated health facility in-charges, district leadership, Key Partners, CBO staff, and project staff to participate in the review meetings. Weekly, we shared weekly surge dashboard performance data and supported districts and health facilities to utilize it to improve their performance.

We support districts, HFs, and CBOs to implement the QI Framework and Strategic Plan aligned to MOH and facilitated QI training to create a critical mass of QI-oriented HWs, regional coaches, and functional QI committees.

EMR support:

By July 2019, Baylor-Uganda had 121 health facilities (out of 148) with functional electronic medical records systems referred to as UGANDAEMR. UGANDAEMR functionality was averagely good at 100% in all 64 high volume sites, including all HCIVs, General Hospitals, and Regional Referral Hospital. The coverage at the remaining 24 low volume sites was limited due to power connectivity, HR and infrastructural challenges. During the reporting period, we started implementing the EMR point of care at eight sites to scale up to 64 sites by mid-2021.

In Fort portal region, we supported implementing additional EMRs for data capture and reporting of OVC, DREAMS, and Prevention services at 27 CSOs of OVC, DREAMS, and KP/PP. These include DREAMS, Tracker, OVC Tracker, and KP Tracker. The type of support provided by Baylor-Uganda to functionalize EMRs, including the provision of computers, internet service, training, and supervision.

Review meeting by District Health Team during COVID period, Kasese

District review and planning meeting, Kamenge

Kibiito HCIV, Bunyangabo district receives ICT equipment's for EMR point of care with support from Baylor-Uganda and METS

In FY 2019/2020, Baylor-Uganda received grant income of Ushs 74.5 bn of the secured funding of Ushs 87.5 bn against a budget of Ushs 80.9 bn. 93% of Baylor income is received in advance; the financial statements of the organization are prepared per International Financial Reporting Standards (IFRS), as such, this income is deferred and released to the income statement when spent. The NIH (JHU Studies) income which makes up 7% of the Company income is received on a reimbursement basis as targets/milestones are achieved.

Key Highlights during the year

- ☐ Grant income realized was Ushs69.4BN, compared to Ushs72.3BN in the previous year, which is a 4% reduction. This relates to the slowdown in programme implementation in Q3 due to the COVID 19 epidemic. This is countered by the increase in deferred income, which will be spent in the next period.
- ☐ New grants highlighted in the year include TASO –Global Fund, UNICEF, WHO and Breather Plus.
- ☐ Drugs and Other Donations received was Ushs 11.4 BN compared to Ushs9.4 BN in the previous year (17% increment).
- ☐ Other income generated was Ushs 1.3 BN compared to Ushs 2.5 BN in FY 2018/19.
- ☐ Expenditure in FY 2019/20 was mainly driven by medical supplies and patient care, staff costs, administrative costs, trainings, partners and sub-grants.

Trend Analysis of Key Financial Performance Indicators:

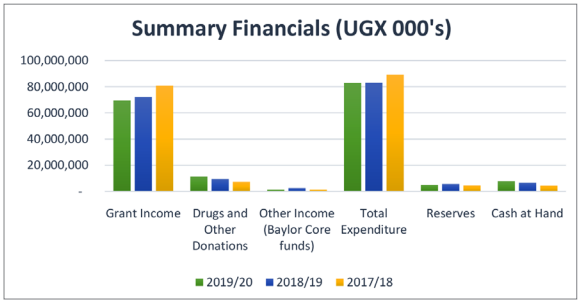


Figure 10

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

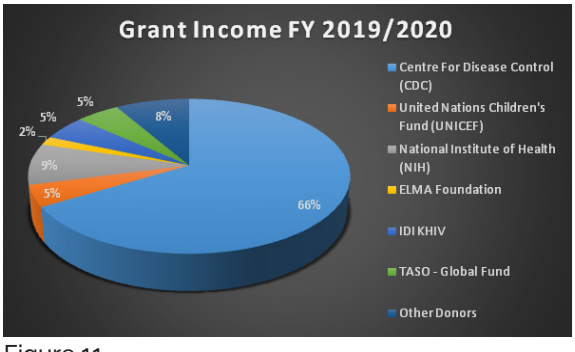


Figure 11

VALUE ADDED STATEMENT

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

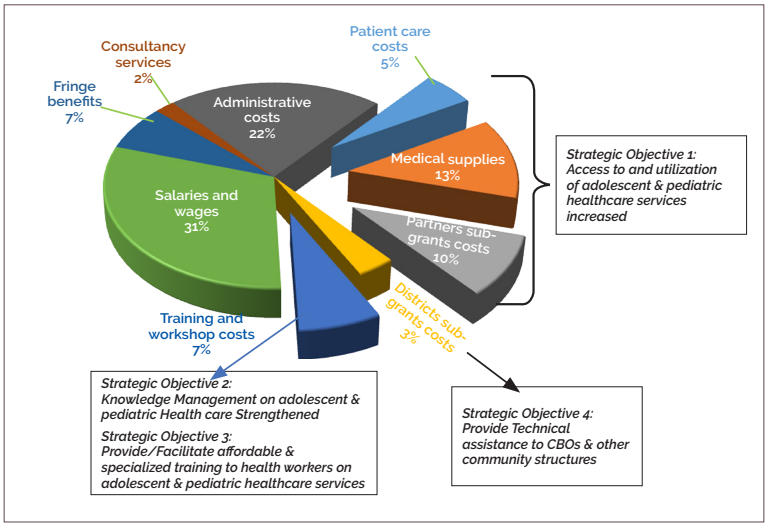
The Surplus is ploughed back into service delivery to ensure Baylor meets its strategic objectives

The deficit in the year relates to expenditure on Baylor core activities using reserves / internally generated incomes from previous years.

Table 8

Value Added	2019/2020 (Ushs)	2018/2019 (Ushs)
Grant Income	68,313,760	71,169,582
Other Income	1,301,792	2,561,044
Drugs and Other Donations	11,428,750	9,460,891
Deferred Income realized	1,174,648	1,173,048
Wealth generated	**82,218,950**	**84,364,565**
Distribution of Wealth		
Medical supplies and patients care costs	15,144,545	17,320,585
Program costs	16,846,874	23,113,568
Staff costs	31,400,911	25,310,258
Contractual and consultancy services	1,752,387	817,652
Administrative costs	17,841,680	16,590,911
Wealth distributed	**82,986,397**	**83,152,974**
(Deficit) /Surplus	**(767,447)**	**1,211,591**

Figure 12. Graph Showing Proportional Expenditure per category and contribution to Strategic Objectives



Budget Performance

In FY2019/2020, Baylor-Uganda had an annual budget of Ushs80.9bn to run its operations and meet its strategic objectives. Baylor-Uganda surpassed its target by securing Ushs86.2bn as at 30th June 2020 (106% funding secured). This was mainly due to new donor funding like TASO, WHO, Breather Plus and small research projects like Living study, DNDi Lollipop, Enable and SMILE.

Secured Funding Per Project as at 30th June 2020:

Baylor-Uganda funding straddles different years depending on the start of the project or the funder's fiscal years. The secured funding in FY2019/2020 has therefore been pro-rated to take into account the project period versus Baylor-Uganda's reporting period. Expenditure against budget is on a cash basis; the overall burn rate for FY 2019/2020 was 85%.

Figure 9

Funders & Projects	Annual Budget (July19– June 20) UGX	Secured Funding (July19– June 20) UGX	%age Funding Realized	Budget Spend (July19-June 20) UGX	Burn Rate (%)
COE Core	1,855,803,614	2,028,905,256	109%	2,776,684,726	137%
BIPAI	173,620,308	-	0%	-	N/A
CDC ACE-Fort	53,067,318,309	55,776,677,664	105%	47,075,645,685	84%
Texas Hospital - PHO Program	4,253,805,853	4,042,571,696	95%	4,002,416,383	99%
JHU (DAIDS Studies)	5,076,159,098	6,092,085,496	119%	5,878,686,088	96%
KHIV - IDI	3,334,037,852	3,281,283,672	98%	3,035,417,288	93%
ELMA Foundation - PHO program	849,913,830	850,674,080	100%	749,365,790	88%
ODYESSY Study	636,848,880	650,589,016	102%	688,540,343	106%
ELMA Foundation - Unfinished Business	1,068,192,053	1,148,627,600	107%	1,100,682,051	96%
Baylor Botswana - CAfGEN	212,885,056	316,076,352	148%	329,301,926	104%
TASO Global Fund	3,431,272,714	4,200,329,584	122%	3,149,150,082	75%
UNICEF	5,323,136,015	5,336,816,288	100%	2,854,404,605	53%
LOLIPOP	242,277,629	365,403,352	150%	354,837,638	97%
SMILE	428,916,432	354,933,120	82%	353,894,764	100%
Mulago Hospital	1,000,000,989	105,476,800	10%	93,027,275	88%
WHO Incinerators	-	983,674,424	100%	875,226,608	89%
Breather Plus	-	460,468,928	100%	65,019	0%
Others	-	225,038,072	100%	210,092,968	93%
TOTAL	**80,954,188,632**	**86,219,631,400**	**106%**	**73,527,439,239**	**85%**

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
REPORT OF THE DIRECTORS FOR THE YEAR ENDED 30 JUNE 2020

The Directors submit their report together with the audited financial statements for the year ended 30 June 2020, in accordance with section 157 of the Companies Act, which discloses the state of affairs of the company.

1) Incorporation

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

2) Principal activities

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

3) Financial results

	2020 Ushs '000	2019 Ushs'000
Income	82,219,145	84,364,565
Expenditure	(82,986,592)	(83,152,974)
(Deficit) / Surplus for the year	**(767,447)**	**1,211,591**

4) Directors

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

5) Directors' benefits.

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

6) Auditors

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

7) Approval of financial statements

The financial statements were approved at a meeting of Directors held on 16th May 2020

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 2020

The Directors are responsible for the preparation and fair presentation of the financial statements of Baylor College of Medicine Children's Foundation-Uganda set out on pages 8 to 34 which comprise the statement of financial position as at 30 June 2020, and the statements of profit or loss and comprehensive income, changes in reserves and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes, in accordance with International Financial Reporting Standards and the Companies Act 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.

The Directors' responsibility includes; designing, implementing and maintaining internal control relevant to the preparation and fair presentation of these financial statements that are free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances. They are also responsible for safeguarding the assets of the company.

The Directors are required to prepare financial statements for each financial year, which give a true and fair view of the state of affairs as at the end of the financial year and the operating results of the company for that year. It also requires the Directors to ensure the company keeps proper accounting records, which disclose with reasonable accuracy the financial position of the company.

The Directors accept responsibility for the annual 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 Companies Act 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 company and its operating results.

The Directors further accept the responsibility for the maintenance of accounting records, which may be relied upon in 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 8 to 34 were approved by the Board of Directors on...16th Nov.....2020 and were signed on its behalf by:

Chairman Board of Directors

Executive Director

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Ernst & Young
Certified Public Acountants
Ernst & Young House
Plot 18, Clement Hill Road
Shimoni Office Village,
P.O. Box 7215
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INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION – UGANDA

REPORT ON THE AUDIT OF FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Baylor College of Medicine Children's Foundation Uganda, set out on pages 8 to 34, which comprise the statement of financial position as at 30 June 2020, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Baylor College of Medicine Children's Foundation Uganda as at 30 June 2020 and of its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Companies Act of Uganda, 2012.

Basis of Opinion

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

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

Other Information

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

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

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

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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Responsibilities of Directors for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.

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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 AND REGULATORY REQUIREMENTS

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

- We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;

- In our opinion, proper books of account have been kept by the company so far as appears from our examination of those books; and

- The company's statement of financial position and statement of comprehensive income are in agreement with the books of account.

The Engagement Partner responsible for the audit resulting in this independent auditor's report is CPA Michael Kimoni- P0248.

.....
Certified Public Accountants of Uganda
Kampala

.....
CPA Michael Kimoni
Partner

17 November 2020

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2020

		2020 Ushs '000	2019 Ushs '000
INCOME			
Grant Income	4(a)	68,313,758	71,169,582
Drugs and Other Donations	4(b)	11,428,750	9,460,891
Deferred Income realized	4(c)	1,174,845	1,173,048
Other Income	4(d)	1,301,792	2,561,044
		82,219,145	**84,364,565**
EXPENDITURE			
Medical supplies and patients care costs	5	15,144,545	17,320,585
Program costs	6	16,846,874	23,113,568
Staff costs	7	31,400,911	25,310,258
Contractual and consultancy services	8	1,752,387	817,652
Administrative costs	9	18,514,954	16,468,143
Foreign exchange (gains)/loss	10	(673,079)	122,768
		82,986,592	**83,152,974**
(Deficit)/ surplus for the year	11	(767,447)	1,211,591
Other comprehensive income		-	-
TOTAL COMPREHENSIVE (LOSS)/ INCOME		**(767,447)**	**1,211,591**

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2020

	Notes	2020 Ushs '000	2019 Ushs '000
ASSETS			
Non-current assets			
Property and equipment	12	5,833,454	6,109,203
Intangible assets	13	162,301	183,918
		5,995,755	6,293,121
Current assets			
Inventories	14	2,998,510	2,098,394
Receivables and prepayments	15	2,878,840	3,454,801
Financial assets at amortised cost	16	3,961,615	-
Cash and cash equivalents	17	7,771,724	6,644,044
		17,610,689	12,197,239
Total assets		**23,606,444**	**18,490,360**
RESERVED AND LIABILITIES			
Reserves			
Accumulated surplus		4,991,100	5,758,547
LIABILITIES			
Non-current liabilities			
Deferred Income	19	12,216,127	7,995,475
Current liabilities			
Trade and other payables	18(a)	1,986,890	1,690,861
Provisions	18(b)	4,412,327	3,045,477
		6,399,217	4,736,338
Total reserves and Liabilities		**23,606,444**	**18,490,360**

The financial statements on pages 8 to 34 were approved by the board of Directors on ..16th/Nov..... 2020 and were signed on its behalf by:

Director **Director**

INTERNAL AUDIT AND RISK MANAGEMENT

INTERNAL AUDIT MANDATE

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

Our Principle Risks

Table 11

Risk Category	Risk Description	Risk Drivers/ Sources	Risk Response	Results
Strategic	Public health emergencies such as epidemic outbreak (Ebola, Marburg, COVID-19, etc.) and floods could lead to interruption of program activities and staff contracting the disease	a) Inadequate surveillance system for epidemics b) Shortage/ inadequate capacity of health care workers to handle and contain public health emergencieS	a) We supportthe epidemic and floods Surveillance Taskforces in our operations areas as the implementing partner. b) We support building infrastructure for remote training and healthcare workers' capacity in handling and containing public health emergencies. c) We support our clients, health workers, and staff with Personal Protection Equipment (PPE)	a) Continuous provision of healthcare services during COVID-19 pandemic a) Low rate of disease transmission among staff and health workers in the areas of our operation.
Compliance	Potential penalties and sanctions for non-compliance with laws and regulations, policies/ procedures, and donor requirements that could impact the organization's financial performance and image.	b) Continuous enactment of new laws and regulations. c) Continuous changes in donor requirements	a) We monitor and consistently respond to changes in laws and regulations and donor requirements. b) We conduct regular compliance assessments to identify compliance gaps and address them. c) Critical decisions are reviewed for compliance with laws and regulations and donor requirements before being implemented.	a) No penalties for non-compliance with laws and regulations and donor requirements in the reporting period. b) Unqualified/clean audit opinion issued by our external auditors.
Strategic	Suspension/reduction in funding from our major donors which could lead to nonachievement of the strategic objectives	a) COVID-19 pandemic impact on the global economy, causing a reduction in donor resource envelopes and a shift in funding priorities. b) Failure to adhere to project proposal writing and submission timelines	a) We collaborate with other reputable partner organizations for grants. b) Strategic networking, donor engagement, and pre-positioning. c) Diversification of the strategic program scope of the organization. d) Expand our core funding base/ sources. e) Strong leadership over project proposal writing and submission processes	a) Increased proposals success rate, number of donors, and funds to the organization in the financial year. b) Although our core funds did not increase as expected, more efforts are being made to widen the core funding base/sources

Risk Category	Risk Description	Risk Drivers/ Sources	Risk Response	Results
Strategic	Strategic partnership with untrustworthy/non-credible partners (e.g., Civil Society Organisations (CSOs), Consortium Members, etc.) that could lead to misappropriation of funds/ falsification of outputs (Result Based Financing), thus nonachievement of project/programs' targets.	a) Inadequate partners' capacity to implement some of our specialized programs (e.g., for KPIF, the donor prefers Key Population (KP)-led CSOs/CBOs). b) Insufficient vetting of partners before engagement.	a) Build capacity of the CSOs and CBOs to implement our specialized programs. b) We effectively monitor the application of the subgrantee vetting tool c) Build robust systems for monitoring subgrant activity implementation and verification of accountabilities and/or outputs.	a) Increased number of CSOs implementing our specialized programs. e.g., KPIF b) Improved accountability for funds sub-granted.
Strategic	Key stakeholders (district officials, Ministry officials, etc.) not prioritizing/ snubbing participation in project implementation that could lead to nonachievement of project objectives and sustainability	a) Inadequate stakeholder involvement in the design/proposal development and planning b) Insufficient and delays in the facilitation of stakeholders to participate in project activities.	a) We extensively consult/ involve our critical stakeholders in proposal development, planning, implementation, and monitoring project activities. b) We endeavour to facilitate our stakeholders timely using mobile money platform. c) We use Development Partners'approved rates to facilitate our partners. Any changes in the facilitation guidance are effectively communicated to partners and impact mitigated.	Improved ownership of projects by the districts, participation in planning, and performance evaluation meetings.

BOARD OF DIRECTORS 2019/2020

DR. ADEODATA.R. KEKITIINWA

Executive Director

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

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

MR. DAVID NUWAMANYA

Vice Chair

David is a seasoned Administrator. He is the current Hospital

Administrator with Mulago National Referral Hospital.

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

He also sits on the Audit Committee of the Board.

PROF. RHODA WANYENZE

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

She heads the Technical/ Program Committee of the Board at

Baylor-Uganda. The committee is charged to review the mission and overall strategy and direction of the care and treatment program of Baylor-Uganda and the district Local Governments in line the government of Uganda and BIPAI policies and strategies.

MR. MICHAEL MIZWA

Board Chairman

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

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

which has an aggregate annual budget of $42 million.

MS. EDNA RUGUMAYO

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

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

DR. PETER KIMBOWA (PK)

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

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

BOARD OF DIRECTORS 2019/2020 *(Cont.)*

MR. JOSEPH KIZZA

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

He also sits on Finance Board Committee.

MR. THOMSON ODOKI

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

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

DR. DIANE NGUYEN

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

She sits on the Technical/ Programs Board Committee.

DR. JOSHUA MUSINGUZI

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

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

MR. AGGREY KANKUNDA

Aggrey is a Certified Accountant/Financial and Tax services consultant.

Joined August 2019 and he sits on the Finance and Audit Committees of the Board.

MS. HARRIET OMODING

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

Joined August 2019 and she sits on the People and Organization Development (POD) committee of the Board.

Hoima Stakeholder Engagement: *L-R: Dr. Nelson Musoba, Director General Uganda AIDS Commision, Dr. Adeodata Kekitiinwa (ED-Baylor-Uganda), Dr Joshua Musinguzi, Ministry of Health/Board menber Baylor-Uganda and Dr. Lisa Nelson, the CDC Counrty Director during the Launch of the ACE-Bunyoro and Global Health Security Grant in Hoima.*

CORPORATE GOVERNANCE

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

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

Board of Directors

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

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

Board Committees:

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

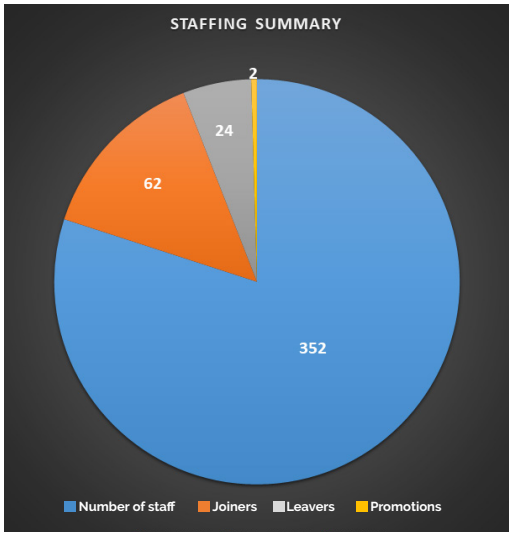
Baylor-Uganda has four Board Committees namely;

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

HUMAN RESOURCES

The HR directorate has been on its toes for the last year, managing many emerging issues, ensuring seamless change management procedures, and introducing innovations geared towards driving business efficiently.

Our staff complement was **352,** with 136 females and 216 males, 62 staff were hired, and two members team were promoted. We also had 24 staff who exited the organization by the end of June 2020.



HRH –Transition

The project continued to work with the districts to ensure that the Baylor-Uganda supported the staff transition into the mainstream government system to sustain the already laid foundation for HIV/Care & treatment services in the Rwenzori Region. With increased monitoring of HRH absorption, the project has worked District Principal Human Resource Officers during FY19/20, where Kabarole and Kitagwenda absorbed 0 % due to lack of wage to absorb the staff and rigid government structure that is not aligned to the current HIV workload.

The districts of Bundibugyo, Bunyangabu, Regional Referral Hospital, Kamwenge, Kasese, Kyegegwa, Kyenjojo, and Ntoroko managed to absorb 40%, 11%, 11%, 46%, 67%, 8%, 23%, and 50% respectively and this is attributable to constant engagements with the districts. The project has planned to work with the districts to increase numbers for absorption from 26 to 46 in the FY20/21.

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

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

OPERATIONS

Operations supported the cost-effective implementation of the six pillars of the Health System Strengthening approaches; *service delivery systems, human resources for health, strategic information, essential medical commodities and technologies, health care financing and leadership and governance*

Information Communication Technology – a critical business enabler and key contributor to all the HSS pillars – majorly for timely program monitoring, reporting and evaluation

Strategic Information & Essential Medical Commodities and technologies

Administration, Logistics management and support – ensures timely and quality delivery of medicine, health supplies and other sundries towards attainment of all the HSS pillar

A contribution ALL the Health Systems Strengthening pillars

Procurement and disposal unit – mandated to deliver timely, value – for – money goods, services and works therefore contributing towards all objectives

A contribution ALL the Health Systems Strengthening pillars

Facilities management – that has provided a smooth work environment for staff and health workers during the implementation of various programs

A contribution ALL the Health Systems Strengthening pillars

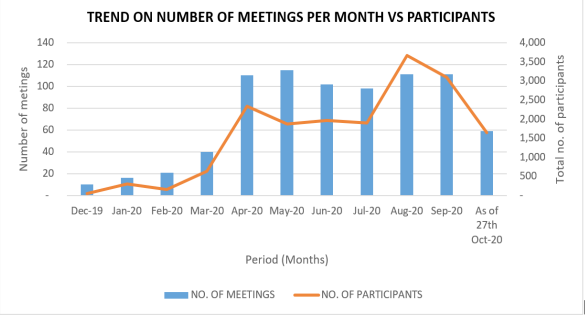
The directorate drafted and presented the Baylor Uganda Business Continuity Plan (2019) delivered to the Board and approved. This plan became operational during the earlier period of the COVID – 19 lock-down. The key output was the prioritization of the critical services for continuity of operations – this included the continuation of the ART Clinic, ensuring key staff was able to support the selected clinic operations and providing continuous monitoring and reporting of the deliverables.

The directorate ensured that uninterrupted internet connectivity and ZOOM usage was the "new normal." We increasingly saw the increasing use of motorcycles to support the CDDP initiative.

Information Communication Technology

We have continued to introduce ICT enhanced systems and processes. During the COVID-19 lock-down, ICT stood out as a critical enabler for the smooth continuity of health service delivery. Online platforms were introduced, including e-signature and e-approval, virtual meetings using ZOOM, and negotiations with the Internet Service Providers to provide enhanced Internet connectivity across Baylor Uganda areas of operations. We have further enhanced the security features by upgrading email and internet security features. All this has improved the reporting modalities for both program and activity outputs and deliverables.

The team has supported the health information system at health facilities in the Rwenzori region by networking points of care at selected health facilities – in total, fifty-nine (59) facilities are benefitting. This has enabled integrated reporting at health facilities; the establishment of teleconferencing facilities at the twenty-two (22) sites, including the Fort Portal Regional referral hospital that has reduced the cost of training significantly – meaning that health workers can now attend training with limited or no movement from their workplaces. This has been enabled through enhanced internet connectivity and the establishment of virtual (teleconferencing) facilities. The graph below indicates the number of e- meetings and their duration over the year



Rotary Vocational Award:

Baylor-Uganda was recognized by Rotary Club of Kiwatule, Kampala with a vocational award in February 2020. It is one of the highest Honours by Rotary to institutions and individuals who offer service "above self".

The Rotary club of Kiwatule applauded Baylor-Uganda for among other things championing PMCT, reducing maternal mortality by 30%, improving deliveries in the health facilities by 40% providing SMC services to over 130,000 clients and providing comprehensive HIV care to over 83,000 clients , majority being children and adolescents.

Mr. Albert Maganda, the director Strategic Development, received the award on behalf of ED, Dr. Addy at the ceremony held at Kabira country Club in Kampala.

We consider this recognition as one of our key organisation achievement for the FY 2019-2020.

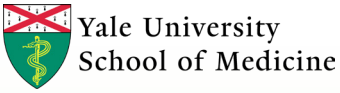
Albert Maganda (centre) being flanked by Rotarians during the award on 5th, February 2020.

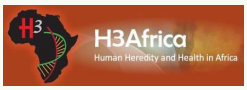
Corporate Social Responsibility:

Baylor-Uganda staff together with friends made a humble contribution to the flood victims in Kasese district, western Uganda with household items among them mattresses, saucepans and blankest among others, worthy UG Shs.15 Million (about USD 4500).

The Executive Director, Dr .Addy rallied staff and friends to raise funds that enabled the above donations to the needy communities especially women and children.

OUR PARTNERS





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