BIPAI
Baylor International
Pediatric AIDS Initiative

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

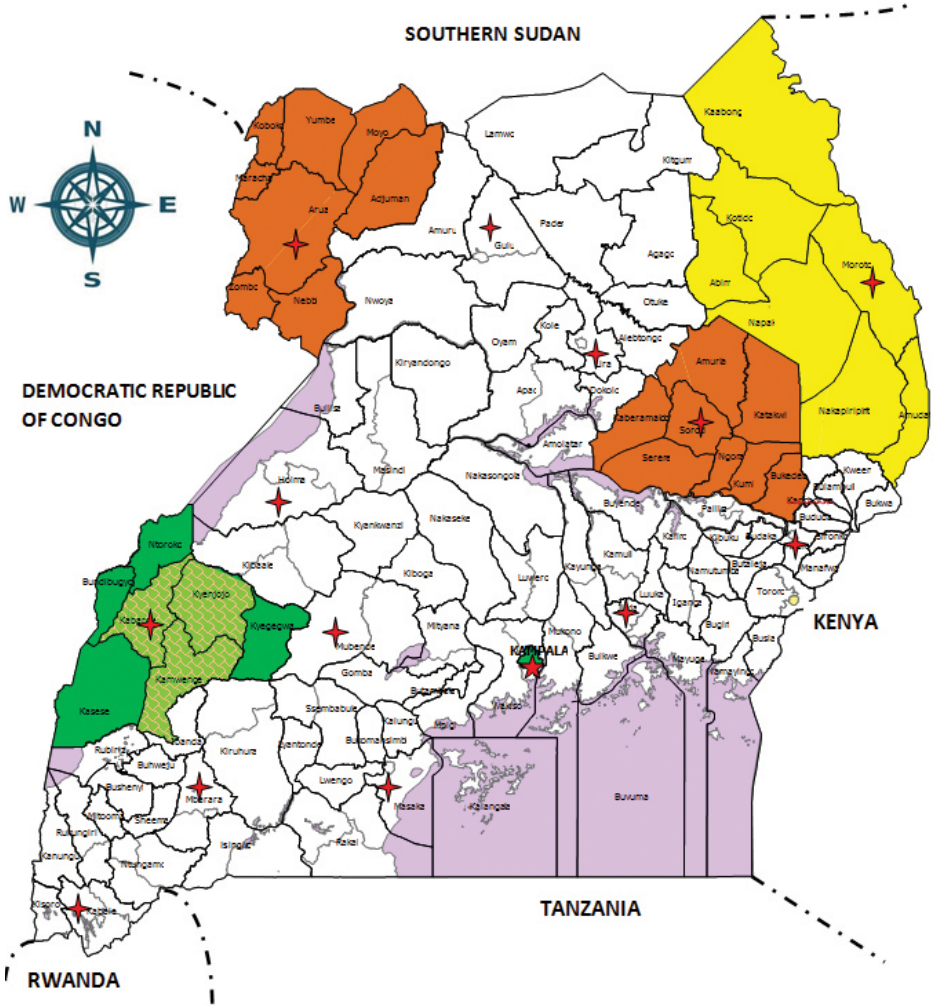
2013
2014

ANNUAL REPORT

Ministry of Health

Texas Children's Hospital

CDC



UNICEF/Karamoja Project
SNAPS-WEST Project (Oct 2012 – Mar 2018)
Saving Mothers Giving Life Project (Jan 2012-Mar 2017)
Comprehensive EWN Project (Oct 2010 – Mar 2016)
Water body (lake/river)
Baylor-Uganda Children's Centre of Excellence – Mulago Hospital
Regional Referral Hospitals

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Our Vision

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

Our Mission

To provide high-quality family-centred paediatric and adolescent health care, education and clinical research worldwide.

About Baylor - Uganda

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

What we do: We deliver high quality family-centered and health facility based services as one of the largest global HIV paediatric and adolescent programs.

These services range from paediatric, adolescent and family centered HIV prevention, care and treatment services, health professional training to clinical research. Other services include food and nutrition and social support to orphans and vulnerable children, training, mentorship and support supervision, infrastructure improvement and supplies.

Where we work: In partnership with MoH, operations are carried out at the Centre of Excellence (COE) and Post Natal Clinic at Mulago Hospital Complex and 543 health facilities in 30 districts in West Nile, Eastern, Rwenzori and Karamoja regions where access to paediatric and family HIV/AIDS services is largely constrained.

Core Values

Care Loyalty Excellence Innovation Teamwork Accountability

Dr. Thomas Frieden, the CDC Director is received by Daniella during his visit to Baylor-Uganda COE

Board Chairman

What started as a support program to strengthen capacity to identify, care and treat children infected with HIV over twelve years ago has become not only one of Africa's paediatric HIV clinical center of excellence, but the continent's largest single HIV paediatric clinic.

As board chair and on behalf of the board members, I am excited to have witnessed each single step of this journey and very proud to be associated with Africa's largest paediatric care and treatment clinic. As much as this unique position is a celebration of the timeless efforts committed by the senior management, staff and all partners, it imposes greater responsibility upon us as the start and probably the stop point for paediatric HIV-related research.

We have witnessed excellent partnerships with research institutions, the private sector, and public engagement opportunities that continue to shape our mission of providing high quality family-centered paediatric and adolescent health care, education and clinical research worldwide. I appreciate the fact that this commitment to the mission has defined collaborations with CDC, UNICEF, National Institute of Health, ELMA Foundation, Vitol Foundation, the World Bank, MTN Uganda and Total-Uganda.

Advocacy efforts, such as Every Mother Counts, have ensured the breaking of barriers for mothers to easily access antenatal care and supervised health worker deliveries—two very critical steps in securing children from HIV infections.

Baylor-Uganda has year after year developed innovative ways to ensure that expectant mothers and their partners get involved in HIV prevention, care and treatment awareness programs. This year's shocker was the beauty pageant for pregnant women supported by UNFPA. We will continue offering the Baylor-Uganda team space, opportunity and back up for innovation that has driven the organization's excellence. We have made the achievements for the year and we shall, as has been our practice, raise the bar higher for the coming year.

On behalf of the board of directors, I convey our appreciation to all the partners who work tirelessly to make elimination of paediatric HIV, provision of family-centered care and treatment, and availability of comprehensive care and support services a perfect reality.

Michael B. Mizwa
Chief Operating Officer
Senior Vice President
Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital

Executive Director

When you have life changing interventions for little children like Josiah and Elvis, there is no greater fulfilment than seeing them emerge from life critical conditions to normal progress. That has been our motivation and continues to be our commitment—a healthy and fulfilled life for every HIV infected and affected child; and their family. Josiah and Elvis are part of the nearly 11,000 children (11% of all clients) in care and treatment programs supported by Baylor-Uganda across the country.

Through both EID and PMTCT, reaching 40,000 infants and 324,000 mothers respectively; Baylor-Uganda continues to contribute to Ministry of Health's efforts of elimination of mother to child transmission of HIV.

The effectiveness of EID and PMTCT has been driven by capacity building for health workers, community mobilization and systems strengthening to expand service points. With over 2,000 trained health workers to support comprehensive HIV/AIDS and maternal health; refurbishment of laboratories and theaters and active engagement of local leaders; the results presented in this Report have been possible. Our collaboration with AFCA, AmeriCares and the CURE project have provided needed supplies and equipment to match the magnitude of our operations.

Thanks to the confidence from our development partners that has ensured uninterrupted service delivery. The availability of resources has enabled us reach over a million individuals with HCT, provide SMC to 91,000 males, provide ART to nearly 70,000, support to 7,000 orphans and other vulnerable children and offered scholarships to 909 midwifery and laboratory cadres.

We are glad that during the year, the phase two of the Saving Mothers, Giving Life project was renewed for an additional five years, after external evaluation showed that we had reduced maternal deaths by 30% and increased delivery at health facilities by 40%. With the coming on board of ELMA Foundation and Mama Rescue, we are prepared for another year of extra-ordinary results.

Our research capacity to continue informing policy on paediatric HIV has been enhanced through joining the NIH IMPAACT network. We look forward to our first study on "Very early intensive treatment of HIV-infected infants to achieve HIV remission".

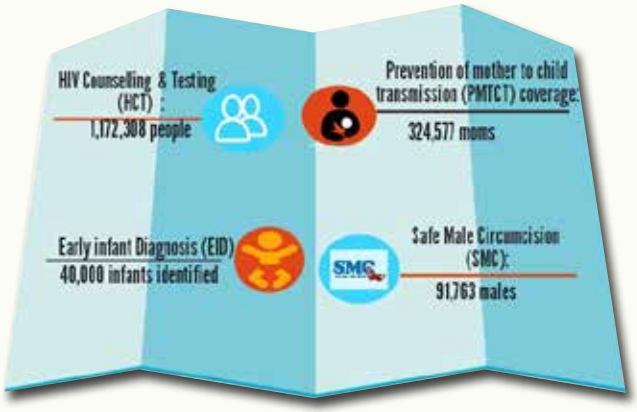
For the team at the health service delivery frontline—the health workers in the field, the village health teams, the riders and volunteers, Baylor-Uganda coordinating staff, my senior management team, the Board and the district leadership—this Report is the record of your unrelenting spirit and effort for quality service.

Welcome to the 2013-2014 Baylor-Uganda Annual Report.

Asst Prof. Adeodata Kekitiinwa
Executive Director

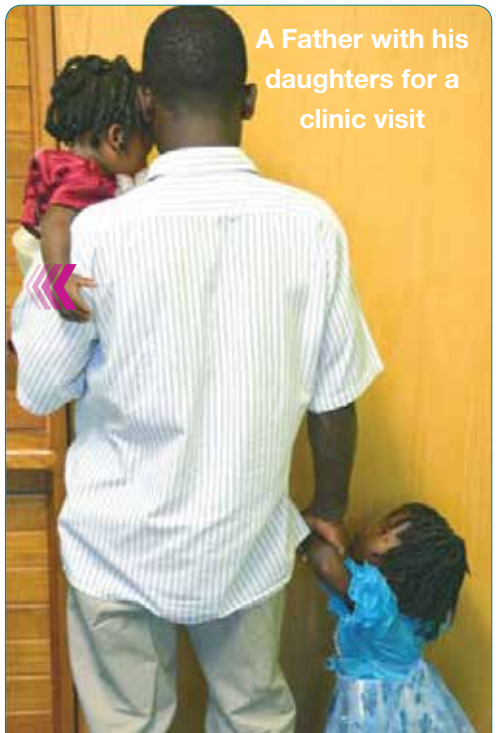
HIV PREVENTION

The 2011 Uganda AIDS Indicator Survey reported HIV prevalence at a national average of 7.3% (2011) from 6.4% (2006). The upward trend has been attributed to key drivers of incidence such as high risk sexual behaviours including early sexual debut, multiple sexual relationships, limited and inconsistent condom use in addition to transactional cross generational and commercial sex. Baylor-Uganda supports a multi-pronged approach to comprehensive HIV prevention focusing on couple HIV Counselling and Testing (HCT), Elimination of Mother to Child Transmission of HIV (eMTCT), Early Infant Diagnosis (EID), Safe Male Circumcision (SMC), condom promotion, and screening and treatment of sexually transmitted infections (STIs). Both biomedical and structural prevention strategies focusing on the vulnerable and Most-At-Risk Populations (MARPs) are offered.



HIV Counseling and Testing (HCT)

HCT services are offered to both individuals and families in the 23 districts where Baylor-Uganda is mandated by Ministry of Health (MOH) to support HCT. More than 500 Routine Counseling and Testing (RCT) volunteers have been trained to support Provider Initiated Testing and Counselling (PITC) at the health facility level. During the reporting period, 1,172,308 adults and children received HCT services. The positivity rate among individuals tested was 2.3%. Through the RCT volunteer initiative, volunteer counselors with basic ordinary level education and experience in counseling were trained to support HCT within Outpatient Departments (OPD) and Antenatal Care (ANC) clinics. With support from Midwives, RCT volunteers counseled and tested over 264,308 pregnant women attending their first ANC visit. A total of 4,948 (1.9%) HIV+ pregnant women were identified and all were linked to HIV care.



A Father with his daughters for a clinic visit

Couple Counseling and Testing

Baylor-Uganda has intensified HCT services for couples by implementing a pilot in Kamwenge district—a hard to reach district with mobile communities since it hosts refugees. The pilot aimed at assessing innovations for demand creation and increase in the uptake of Couple HCT through community promotion and enhanced capacity of service providers.

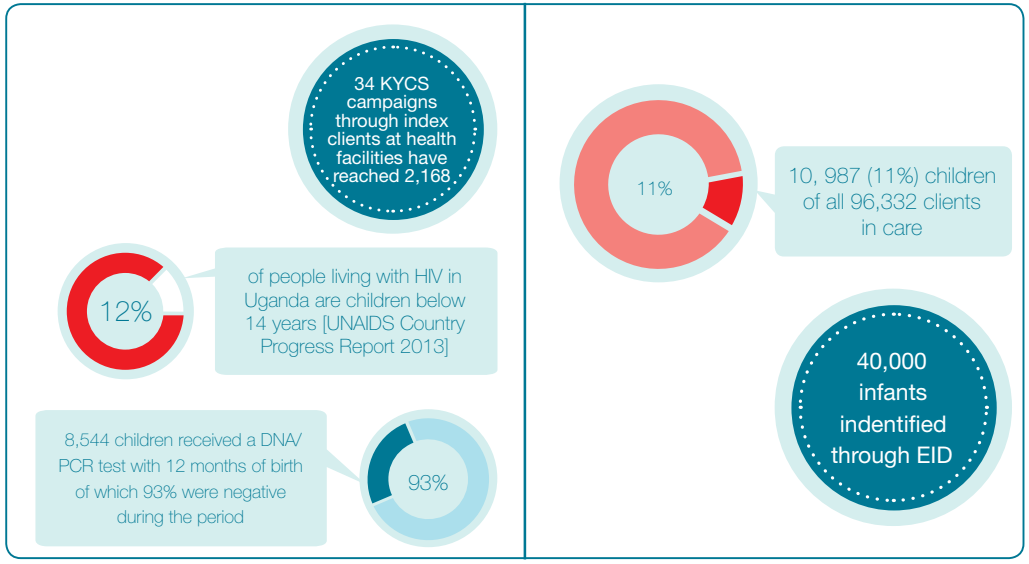
In partnership with Rwanda-Zambia Research Group (RZRG), 300 community promoters were trained to promote couple HCT through one-on-one and group interactions in gathering places in the community and refer couples to health facilities. Thirty national trainers were trained to scale up training in enhanced couple HCT to 45 health workers from 30 of the 36 health facilities in the district. In the six months of the pilot, 4,246 couples received HCT, an increase of 10% from all the participating health facilities.

A young couple enjoys the city view from the Baylor-Uganda COE front balcony after their HCT

Early Infant Diagnosis

Baylor-Uganda focuses on identifying exposed children, linking and retaining those eligible for care. Through its family-centered approach to care, exposed infants are identified, screened and monitored for 18 months; after which they are either discharged or initiated into the clinic's care program.

Other children are identified through the Know Your Child's HIV Status Campaigns (KYCS), referrals by Village Health Teams (VHT) and PITC on wards at health facilities. These become part of the growing Baylor-Uganda family where they access care and treatment, psychosocial services and skills training.



Prevention of Mother to Child Transmission of HIV

Following the rollout of the new WHO PMTCT guidelines, Baylor-Uganda embarked on a number of interventions towards elimination of mother to child transmission of HIV. These included rolling out Option B+, staff capacity building, conducting eMTCT campaigns and increased tracking of pregnant mothers in their communities. This resulted in testing over 324,557 pregnant and breast feeding women for HIV. A total of 13,534 HIV+ positive women including newly diagnosed and already known HIV status at 1st ANC visit, were identified during the period of which 87% of them received anti-retrovirals to reduce risk of mother-to-child-transmission of HIV in pregnancy and during delivery. In all Baylor-Uganda supported health facilities, mother to child transmission of HIV rate has declined remarkably to 4.8%

A clinician attends to a mother

The eMTCT Champion taking an HIV test

Pregnant mothers in a beauty pegeant in West Nile

No longer alone and abandoned!

To many mothers, giving birth to a healthy and normal baby is always blissful. It is even more exciting if they are twins. Since she delivered twins, the 23-year old Fatuma's life has changed from the nightmare it had become, for the better. Aged 16, while in senior three, Fatuma got pregnant, little knowing that the man who had made her pregnant had also infected her with HIV.

A year after she had delivered, one of her babies, Elvis, fell very ill. She sought treatment for the child in Mulago hospital where he was tested and found to be HIV positive and referred to Baylor-Uganda. That was the time reality dawned on her that both of them were HIV positive. Elvis, sick and severely malnourished, was immediately admitted in intensive care for one month. Unfortunately for Fatuma, the father of the baby did not want anything to do with them and never visited them in the hospital. Fatuma's father worsened the situation when he rejected them saying that 'he didn't have money to waste on AIDS patients since they would be dying soon'.

Alone and abandoned with a very sick child whose life was hanging on the edge, Fatuma lacked the basics such as food. 'The nurses and counselors from Baylor-Uganda came to our rescue and cared for us when my son was admitted', she recalls.

Over the years, Fatuma had learned her lessons through the hard way. She crushed stones to earn money for food and transport fare to pick her drugs from hospital. As the old adage goes once bitten twice shy, she cautiously accepted a proposal from a suitor she fondly calls 'Ssalongo', a title culturally given to a father of twins. She had courageously told him about her HIV status which he accepted and still insisted on being with her. They are living as a discordant couple since after running several tests, Ssalongo is HIV negative.

When she got pregnant, the thought of having another HIV positive child deeply worried her. 'I had been through so much with Elvis that I prayed to God everyday for an HIV negative child', she recalls. She attended the antenatal clinic from where she received PMTCT services.

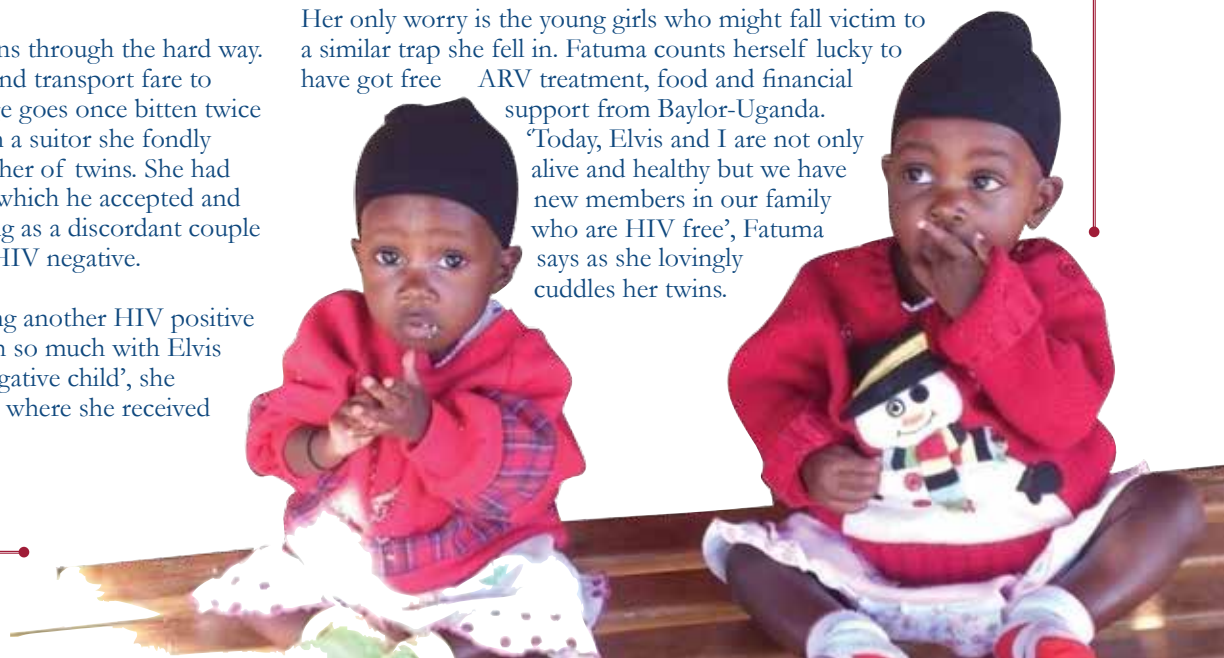
It was indeed a pleasant surprise when at 6-months pregnant the nurses told her that she was carrying twins. The news worried her even more as she could not imagine having not only one but two HIV positive babies.

Three months later, she delivered healthy looking baby girls by caesarian from Kawolo Hospital in Lugazi. Although she had now earned the prestigious title of 'Nnalongo' (mother of twins), she did not know if her twins would test positive or negative. This was the uncertainty she had to live with for the next two months before the twins would have their first DNA/PCR tests.

'I had been through so much with Elvis that I prayed to God everyday for an HIV negative child'.

It was all tears of joy when Fatuma finally got the results that her beautiful twins were HIV negative. Three subsequent tests have so far been done and the result is still negative. As she narrates her story, it's clear that there is an aura of contentment around her. With her HIV-free twins and a loving and supportive partner, Fatuma is living a full life with her family.

Her only worry is the young girls who might fall victim to a similar trap she fell in. Fatuma counts herself lucky to have got free ARV treatment, food and financial support from Baylor-Uganda. 'Today, Elvis and I are not only alive and healthy but we have new members in our family who are HIV free', Fatuma says as she lovingly cuddles her twins.



Safe Male Circumcision

As a strategy to reduce sexual transmission of HIV, Baylor-Uganda supports provision and utilization of Safe Male Circumcision (SMC) services. These are provided through outreach and static sites. SMC is offered upon consent to males of 14-49 years as part of the comprehensive HIV Prevention interventions in the Eastern and West Nile regions.

During the period, 91,763 males were circumcised. Over 50 health workers consisting of clinical officers, nurse assistants, and nurse counselors were trained in SMC and postoperative care.

A group of young people ready for SMC in West Nile

The young circumcision ambassador

Joseph with his friends registering at the outreach venue for circumcision

Joseph stood clad in a green theatre gown with other boys. The twenty five of them curiously watched any female moving towards them and not dressed in a clinical gown. The fifteen year-old had mobilized a group of other young people, informed their parents and received permission to go for circumcision.

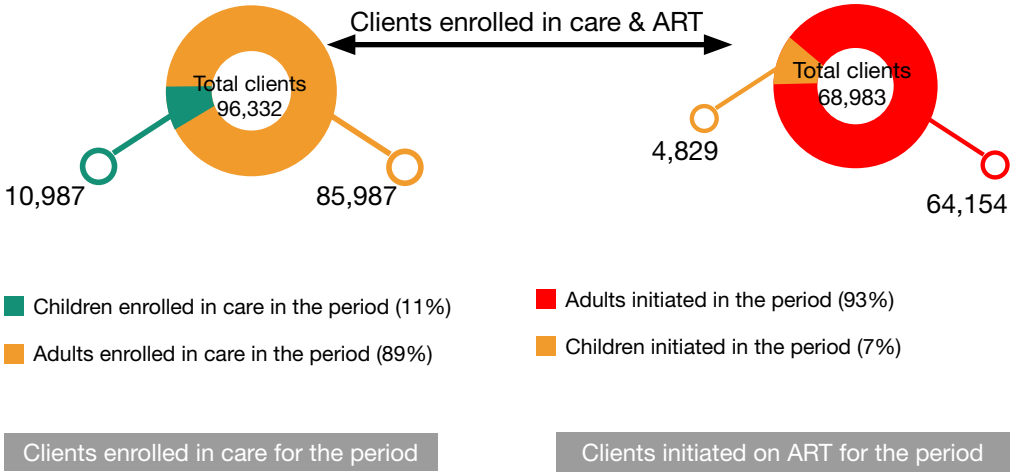
Joseph from Gilgil village, in West Nile explained how he got motivated to come for circumcision due to teasing from his friends. Those who had been circumcised as young children because of their faith; and those who got circumcised at the start of the campaigns in the region kept referring to Joseph as 'agupi agele dri lipi kuri'—the uncircumcised boy. 'They have used this name for me and my friends and today, they will have to stop. If they thought they were special, we are very special too", says Joseph. 'Many of my friends who had been circumcised were teasing me and I wanted to end this once and for all', he said emphasizing that when they are in the urinals, his circumcised friends 'look smart'.

"We had first gone to Oli HC IV and we were directed to the outreach camp at the police grounds. We were told more than we knew about circumcision", he adds. Joseph only knew that circumcision would keep him clean and save him from the taunts of friends.

However, during counseling before the circumcision, they learnt that there were more benefits to circumcision. ' I learnt that I will have reduced chances of getting infections such as sexually transmitted diseases, HIV and even protecting my future partner from infections that can cause cervical cancer.'

CARE & TREATMENT

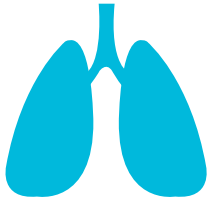
An estimated 190,000 children under the age of 15 are living with HIV/AIDS in Uganda. Of these, 110,000 children need to start ARVs immediately but only 33% have access to the care and treatment. As Part of the country's largest paediatric HIV care and treatment clinic and service providers, Baylor-Uganda caters for 26% of the nation's care and treatment of children living with HIV/AIDS. During the reporting period, 96,332 clients including 10,987 (11%) children were enrolled in care across the supported regions.



Currently (2014), 52% of patients at COE are aged <12years. This proportion has decreased from 78% in 2004. The 2020 projection shows that this will continue to drop further to 39%. The decline in the number of children is due to the increasing transition of children to adolescents and adolescents to adulthood.

CD4's processed = 111,530

TB cases managed = 2,772

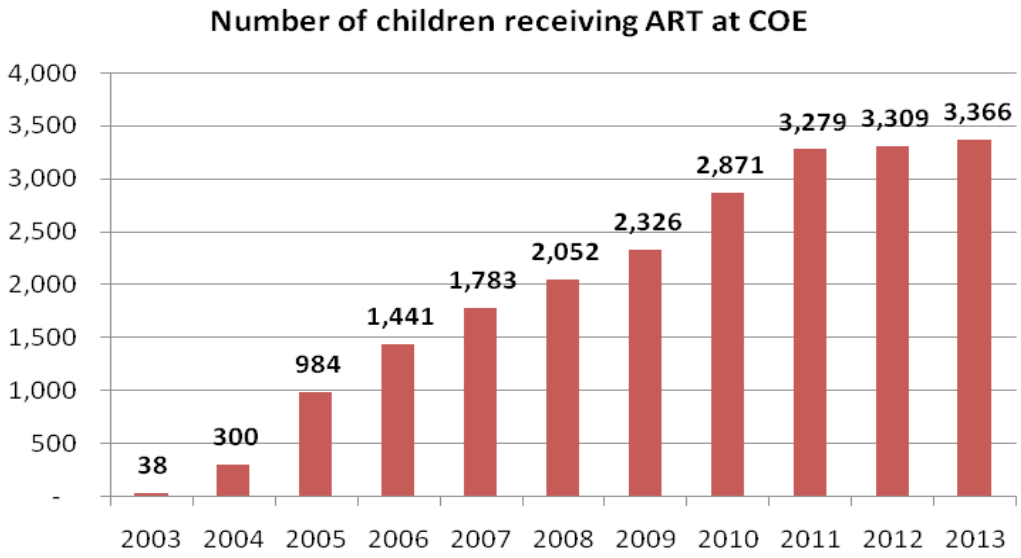


Anti - Retroviral Therapy

With the roll-out of the new 2013 WHO ART guidelines, enrolment on ART has increased by 66% bringing the total clients on ART to 68,983 with children accounting for 17.4%.

Adherence to Anti-retroviral Therapy (ART) was 80% among adults, 78% among children, and 79% among adolescents. In the regions, 543 health facilities were supported in intensifying the screening of new and existing clients for ART eligibility.

A total of 23,696 people were initiated on ART of which 1,762 are children. By 2013, Uganda reported 1,478 health facilities in all 112 districts providing ART services. Of these facilities, 346 were supported by Baylor-Uganda with technical assistance to fulfill the necessary criteria for their accreditation to offer ART services



Tuberculosis Case Management

Similar to pediatric HIV, few drug formulations exist to treat TB in children, despite the existence of treatment options available for adults.

Current methods of cutting adult tablets in half for use in children fall short of adequately treating pediatric TB, and often prove difficult to administer to younger patients. To intesify tracking, health workers were supported to perform TB screening for adults and children using recommended guidelines.

During the reporting period, over 98% of HIV positive clients in care were screened for TB. A total of 2,772 clients were identified to be co-infected with TB and HIV. These have been managed with 100% on TB treatment.

'My greatest challenge is when I test child TB suspect cases and actually detect that they need treatment. That increases their pill burden, meaning that I and the caretaker will have to work closely to see the child adhere to both ART and TB treatment without compromising on the other. My joy is to see the children discharged off the TB treatment so that they focus on ART', **Dr. Francis (in picture above), TB Focal Person at the COE Clinic.**

Promoting Couple Disclosure

The success of the couple disclosure efforts has resulted into formation of the Male Access Club. This has also increased male participation in supporting the care and treatment needs of their spouses and children. The club holds quarterly meetings to discuss their role, challenges and opportunities for their families to access quality care and treatment.

The Male Access Club is our meeting point

Enos, 38, is a father of two. His 9 year-old son was born with HIV and has been in care at Baylor-Uganda since 2010. Enos was the first to know his HIV status in his family. Soon after finding out, his son fell terribly ill and was admitted at Mulago National Referral Hospital for three weeks. During this period in hospital, the child was tested for HIV and found to be HIV positive. Enos' wife then tested for HIV and was found to be HIV positive too. Their second child of 4 years was HIV negative.

"I heard about the Male Access Club on the public address system in the clinic waiting area. I was interested in having the space to address my concerns and get some knowledge and support from my fellow men. The club explores a range of topics for the medical care of children living with HIV, to their emotional needs, personal development advice from experts and practical information for the care takers to look after their families. I like the fact that the topics are about issues that affect our lives. Through nutrition education, they explain why as a father I need to ensure my children have a balanced diet. For some, it helps explain some of the requests that some may see as a burden if presented for example by a spouse without background information.

Our fears and concerns are at least sorted at the male access club

At the beginning I anticipated difficulties in ensuring that I keep my child's appointments and keep my job as well. My boss didn't know I was HIV positive. I explained my situation to my boss. I disclosed about my HIV status and that of my child's explaining that we had monthly appointments we must attend. My boss was very understanding and now even gives me transport to come. All I have to do is let him know of my appointment dates in advance.

I see the difference in my child, He looks healthier, eats and sleeps better and is a happy child. I administer his medicine and I appreciate the role of leading and providing for my family and supporting them in leading a healthy and fulfilled life. When I am not home, I call and make sure my wife remembers to give him his drugs, I have heard from club members finding that their children are on second line because they assumed someone at home was administering the drugs and keeping the appointments. I would encourage men to get involved in the care and treatment of their children to guarantee their children get the highest level of care and support they are able to provide".

Pharmacy Services

The pharmacy unit has supported the roll-out of the new WHO treatment guidelines, monitored the online ordering system for chain supply and partnered with other agencies to access equipment for health facilities.

The roll-out of treatment guidelines has not only increased access to care and treatment but led to better management of the clients. With increased need for consumables, the online ordering system has simplified drug requests and disbursements from the centralized supply chain.

Through partnerships with other agencies, the unit has followed up equipment support that has been crucial in meeting the needs of cholera affected communities in West Nile.

The pharmacy services unit also supports the strengthening of the pharmacy services in lower health facilities. This has included developing staff capacity in monitoring drug dispensing using logs, ensuring safe storage and promoting easy access by labeling shelves.

Equipment donated by PEPAL to Eastern Uganda

A comparison of what used to be (left) and the current pharmacy store (right) in, Kamaroja

A pharmacy store at Kibiito HC IV

Laboratory Services

Baylor-Uganda has continued strengthening the laboratory infrastructure in the supported health facilities to increase access to timely and quality client investigations. Capacity building for in-service staff through mentorships and support supervision has empowered the health facility staff to increase access to CD4. The establishment of the transport hubs for sample collection has not only reduced the turnaround time but also increased client monitoring.

For facilities where laboratory services were largely constrained, operational space has been refurbished to ensure sufficient processing and storing of the samples. During the reporting period, 3 laboratories were refurbished, 42,860 samples transported using the HUB system and 111,530 CD4 processed from both the hubs and the COE. All facilities within supported districts had access to CD4 services through the strengthened HUB system. Patient CD4 accessibility has increased from 57% to 98% of the total clients—all receiving at least one CD4 and half of them receiving at least two CD4 tests annually. Joint teams including MOH and CDC are supporting the districts to ensure that all clients receive at least two CD4 tests annually.

The CAP accredited Baylor-Uganda COE laboratory (below) participates in various external Proficiency Testing programs including College of American Pathologists (CAP) and United Kingdom National External Quality Assessment Service (UKNEQAS) to ensure quality testing of patient samples. A similar scheme is extended to the supported lower regional testing laboratory hubs.
Consistently an excellent level of performance has been maintained throughout the reporting period with an average score of 99% in all events.

Service Beyond Treatment

CARE & SUPPORT

As part of the comprehensive services, Baylor-Uganda provides care and support services through food and nutrition, home based care, psychosocial support and interventions targeting orphans and vulnerable children. These are provided within the clinic and community settings to promote family centered approach to care.

Nutrition and Food Security

A balanced diet is important in strengthening one's immune system to prevent opportunistic infections (IOs). Children living with HIV, especially those from low income families, have limited access to appropriate nutrition thus being exposed to malnutrition.

"My work here is to provide the "first-line treatment" to children. I and the team ensure that we create the best environment for the ARVs to work. Once our clients have proper nutrition, they will have limited trouble taking their drugs"
Gloria-Nutritionist, COE

Baylor-Uganda provides a food and nutrition package which includes; the assessment of an individual's nutritional status, nutritional education and counseling, food supplementation and provision of Ready to Use Therapeutic Food (RUTF). Trained VHTs and community volunteers conduct identification and referral of suspected malnutrition cases in the community to the health facilities for assessment.

During the period, 4,434 clinically malnourished clients were identified. A total of 271 children received nutrition support; 603 families (1,813 individuals) received food rations; 603 caregivers were trained in food security; while 8,566 clients were served with snacks during clinic visits.

Former Uganda's Prime Minister at the Baylor-Uganda Nutrition Exhibition stall

Josiah's amazing journey to health

"Finally Josiah has shown signs of interest in walking as he is supporting himself against anything he can get his hands on", says Justine.

The doctors and nurses could barely recognize him. Josiah had reported for a clinic appointment on 9th May 2014, two months after he first visited the COE.

Josiah came to the COE when he was fourteen months, looking nothing like a child his age. Born November 2012, Josiah lost his mother when he was eight months. He was left under the care of his ageing grandmother in the village, over one hundred kilometers from the COE. Overwhelmed by the state and look of Josiah, his grandmother sought help from her daughter, Josiah's aunt, Justine.

Justine's first impression was that Josiah was not receiving good care in the village. "My own judgment was that Josiah was living a rough life. I quickly thought about a feeding plan which would show results in at least one month. I was wrong".

Justine provided milk and food to Josiah without much change. She opted to take the child for a medical examination at their nearest clinic where Josiah was tested for HIV and found positive.

The health worker referred Justine to a community volunteer who directed Justine to the COE. By this time, Josiah could barely support himself on anything.

With Josiah on her back, Justine walked into the COE Clinic on 21st February 2014. Due to his medical condition, Josiah was on the same day initiated on antiretroviral drugs and immediately started on plumpy nut diet.

Two months later, Josiah's health and growth had amazingly changed. He is not only chubby and happy but also now playful.

Josiah on his first visit to the COE (above) and two months later (below)

Orphans and Vulnerable Children

Globally, 17 million children have lost one or both parents to HIV/AIDS with over 90% of these children in sub-Saharan Africa. It is estimated that 1 million of Uganda's 2.7 million orphans are due to HIV/AIDS. Most of the orphans have been left in the care of elderly relatives and child headed households with little access to basic necessities which increases their vulnerability.

Baylor-Uganda provides education, health care, psychosocial support, protection, food security and nutrition to the most vulnerable children and households. During the year, 7,174 children received support. Of these 97% were undertaking formal education while 3% were in non-formal skills training. Also, 1,280 caregivers received training in income generating activities and savings management. One of those trained was Helen from Eastern Uganda.

Changing lives through skills empowerment

Hellen's husband and their 9 children were crammed up into their grass thatched house until two years ago. The couple was part of the households trained in income generating activities in Eastern Uganda. She also received cassava stems which she planted. Hellen immediately joined one of the saving groups created as part of the training. The group met frequently and each person contributed 5,000 Uganda Shillings during the meeting. By the end of that year, the group had over 7,000,000 shillings in savings. With her savings and cassava sales, Hellen and her husband constructed a two bed room permanent house. "It is our savings that helped us build this structure. The knowledge from the training opened our eyes. Life has since changed for the better in my family."

With the cassava harvests, there is enough food at home. Hellen sadly recalls the times when the family had only one meal a day despite being on ARV drugs. 'But now we can afford to eat more meals compared to the past and as you can see, we look better than when you first identified this household for support", Hellen laughs.

Hellen's cassava garden.

Her grass thatched house

The new house

Psychosocial Support

This intervention has been critical in promoting adherence, addressing stigma issues and providing a platform for the young people through peer support teams, camps and galas. Peer meetings for teen mothers, caregiver assemblies and Male Access Club meetings are not only an avenue for meetings but also forums for discussing challenges, sharing individual best practices and suggesting improvements necessary for better service access.

The quarterly caregiver and Male Access Club meetings brought together 2,439 people in the reporting period. Monthly peer support meetings attracted an average of 130 teens, while 764 adolescents attended the annual camps and gala.

Sanyuka camp trainers in preparation

Community Home Based Care

One of the key challenges to HIV care is the retention of clients by minimizing Loss-to-Follow up. Baylor-Uganda has established and supported other existing community mechanisms to monitor and track clients. Through the established network of 5,152 VHTs and 237 community volunteers, Loss-to-follow up has reduced to less than 5%.

The Home Based Care team also coordinates consented client family visits and reached 4,306 during the period. On some of these visits, in partnership with Total-Uganda, the CHBC team offered home based HCT to 100 households with 2,664 members including 1,402 (52.6%) children.

The CHBC Officer Mr. Jackson Zizzinga hands over groceries to a family

MATERNAL & NEWBORN CARE

'The birth of a child should be a time of wonder and celebration. But for millions of mothers and babies in developing countries, it is a dance with death'. *State of the World's Mothers,* 2013 Report

Every year, nearly three million babies die within the first month of life, most from preventable causes. More than a third of these babies die on their first day of life – making the birth day the riskiest day for newborns and mothers almost everywhere[1].

Against this background, Baylor-Uganda on behalf of the Government of Uganda, with support from development partners led the implementation of the *Saving Mothers, Giving Life* project. The main focus of the project was to improve access and utilization of quality obstetric care by increasing the proportion of pregnant women receiving quality antenatal, skilled delivery and postpartum care; and to increase access and quality of care for well and sick newborn babies.

During the year, an external project evaluation team from Columbia University on behalf of the US government and donor partners submitted their report which indicated a tremendous increase in achieving all project targets. Health facility deliveries for instance increased from 30% to 76.9%, which is above twice the national average of 37 percent[2]. Mothers attending their fourth atenatal visit increased from 37% to 53.5% while access to Comprehensive Emergence obstetric Care services increased from 13% to 68%. Deliveries conducted with Active Management of Third Stage of Labor (AMSTL) increased from 43% to 96% in lower health facilities, and from 16% to 82% in hospitals. All these results reduced maternal mortality by 50%.

1 State of the World's Mothers, 2013 Report by Save the Children International

2 Ministry of Finance, Planning and Economic Development: The Background to the Budget 2013/2014

Motorcycle riders (boda bodas) have been used to transport pregnant mothers to the health facilities for antenatal and child birth.

VHTs demonstrate how expectant mothers are moved from uphill to areas where transport to health facilities is available.

CAPACITY BUILDING

Baylor-Uganda in partnership with the Ministry of Health, the district local governments and development partners has supported recruitment and retention of health workers, pre- and in-service training for healthcare providers, continuing medical education, internships, and mentorship and support supervision.

Every health worker attends to 15,000 patients, making them the busiest in East Africa

During the year, two revised health worker training curricula were launched: the Certificate in Medical Laboratory Techniques and the Diploma in Clinical Medicine and Community Health. These were intended to harmonize training, standardize minimum requirements and ensure quality training.

The SAINTS project increases the

Improving health worker capacity

I was trained on advanced management of third stage labour, quality improvement, Option B+ and emergency obstetric care, prevention of mother-to-child transmission of HIV along with early infant diagnosis of HIV. At the start, they appeared to be so many trainings, but in the end I appreciate what I am able to do with the knowledge.

I quickly applied the acquired skills and I am currently the EID focal person at Rutete health centre. I now have more skills that enable me offer more and better services to pregnant mothers.

I have embarked on community mobilization to help refer mothers for ANC services and deliveries. Instead of waiting for mothers to come to the health facility, we go to them and have them enrolled for services through outreach.

Febron, Rutete Health Center III

The SAINTS Program

production and equitable distribution of well-trained health workers. The Ministry of Health and the Ministry of Education and Sports in partnership with Baylor-Uganda have to-date graduated 127 of the 963 beneficiaries. The graduates have specifically been bonded to serve in hard-to-reach and underserved districts and/or health training institutions for three years after training. The program is delivered through both public and private-not-for-profit training institutions.

Through collaboration with higher institutions of learning and international research programs, Baylor-Uganda participates in multi-country research studies. Participation in studies include the Children with HIV in Africa –Pharmacokinetics. Adherence/Acceptability of Simple

2,279 health workers trained

963 bursaries awarded to lab (325), midwives (584), others (54)

clinical mentorships and support supervision conducted

Solomon Ojilong the "saint"

A senior four finalist and school drop-out due to lack of fees, Solomon learnt about the SAINTS program by peeping into someone's newspaper copy while on bus a to Kampala. He decided to trace the copy, see the details and apply. By good luck, his application was considered and Solomon enrolled in 2011 at Mengo Hospital Laboratory Training School. At the time of enrolment, he had been out of school for five years. Solomon hails the SAINTS program for being genuine and true when it comes to selecting its candidates. The bursary has given him an opportunity to upgrade and get a certificate in Medical Laboratory Techniques.

"I would not have found a way to earn this certificate without this bursary," Solomon admits and says that the bursary has made his life better. He thanks Baylor-Uganda for being genuine and for the great opportunity. Although Solomon has not yet got a job, he admits that this certificate puts him at a great advantage to compete on the market. Is Solomon are among 1,708 students who have been awarded scholarships under the SAINTS program. The scholarships include 821 for Certificate Midwifery[CM], 441 for Certificate Medical Lab techniques[CMLT], 303 for Diploma Medical Lab Technology[DMLT], 76 for BMLS, 37 for Bachelor Medical Education[BME] and 30 Diploma Clinical Mentoring[DCM]).

RESEARCH

Antiretroviral regimen (CHAPAS) trials to compare the pharmacokinetics, toxicity, acceptability, adherence, virological efficacy and cost-effectiveness of three first-line antiretroviral regimens; the Cohort Study to provide much needed information on outcomes of HIV infected children; and the ARROW Trial to evaluate two antiretroviral therapy (ART) management strategies. Baylor-Uganda has strengthened internal capacity to conduct high level research studies.

During the reporting period, Baylor-Uganda received research grants from NIH to conduct an early intensive treatment of HIV infected infants study. Results from these studies are shared globally through abstracts and papers presented at conferences, scientific worships, study specific meetings and journals. The following abstracts and journal articles were presented during the period.

ABSTRACTS PRESENTED DURING THE REPORTING PERIOD

Author	Title
Violet Korutaro	Factors that influence uptake of contraception among HIV positive women in an urban health facility in Uganda
Gerald Agaba	**Evaluation of external quality assessment of CD4 testing in the Baylor-Uganda supported regional laboratories**
Alice R. Asiimwe	Reducing maternal mortality by 50 percent by 2015 : the optimal maternal services package
Asire Barbara	**Assessment of adolescent HIV care and treatment services in Uganda**
Lule Cassim	Improving coverage for home based care services at Baylor-Uganda COE
Mugisa Emmanuel	**Use of mobile phone text messages to report weekly PMTCT data: successes and challenges**
Galla Moses	Count down to Zero: a positive experience on elimination of mother to child HIV transmission from a clinic in Uganda
Galla Moses	**Delay in ART initiation among HIV-infected infants receiving care at Baylor-Uganda**
Irene Namuyige	Reasons for delayed disclosure of HIV status among sexually active youth living with HIV/AIDS
Lukabwe Ivan	**Retention of HIV infected children on treatment in Uganda over 24 months following ART initiation**
Francis Kanyike	Implementation of isoniazid preventive therapy (IPT) at a pediatric HIV clinic in Uganda
Emmanuel Kerukadho	**Improving Anti-Retroviral Therapy initiation among eligible pediatric clients; a quality improvement project in Maracha hospital Uganda.**
Melissa A. Mazzeo	Recommendations for a resource mobilization strategy for Baylor-Uganda

Author	Title
Melissa A. Mazzeo	Developing and implementing an online fundraising strategy for Baylor-Uganda
Matovu Moses	**HIV drug resistance patterns among patients attending Baylor-Uganda clinical center of excellence**
Rita Nankanja	Retention of clients in high volume public health facilities providing ART in Uganda
Rita Nankanja	**Good records and data management improved HIV services in a public health facility in Uganda**
R. Atukunda	Improving pediatric quality indicators and outcomes through utilization of continuous quality improvement committees; Baylor- Uganda experience
R. Atukunda	**Routine utilization of data by continuous quality improvement (CQI) teams to identify and improve gaps in the EID cascade: a Baylor-Uganda experience**
Tumbu Paul	Antibiotic prescription patterns among HIV infected patients with respiratory infections in Uganda
Vincent Tukei	**Using Who 2010 Dosing Guidelines, Efavirenz Levels Remain Slightly Lower And Highly Variable In Ugandan And Zambian Children Weighing 2-20 Kg**
Adeodata Kekitiinwa, Vincent Tukei & Rogers Ssekabira	A poster presentation of Baylor-Uganda as a Clinical Research Site
Voilet Korutaro & Vincent Tukei	**Using WHO 2010 dosing guidelines, Efavirenz levels remain slightly lower and highly variable in Ugandan and Zambian children weighing 2-20 kg**

Information is crucial in the fight against HIV/AIDS

A drama skit showing the importance of drug Adherence during the Sanyuka camp

COMMUNICATION & ADVOCACY

During the year, communications and advocacy focused on blending both traditional and modern ways of delivering information. With a baseline survey indicating the prominence of interpersonal communication, Baylor-Uganda undertook two key interventions- the use of sports in health messaging and the use of theater for demand creation. These two events were crowd pullers where information on HIV prevention, care and treatment; maternal and child health were delivered to people by trained VHTs.

Through these two traditional channels, over 12,000 people received messages that resulted in surging requests for HCT, ANC and health facility deliveries.

Radio Programs, Television and IEC Material

To intensify and sustain awareness creation, service demand and access, messages about existing services were aired on radio stations, complemented with weekly talk shows. During the external evaluation of the pilot project for *Saving Mothers, Giving Life,* 90% of the women interviewed responded to have heard the messages on either radio or from the VHTs. Print materials were also availed at health facilities, churches and community halls. The use of television, radio and print messages reinforced the community interpersonal efforts resulting in wide audience coverage.

The Launch of Social Media Platforms

To increase the channels of sharing information, Baylor-Uganda launched three socialmedia platforms. Information and discussion shared on the platforms is providing new perspectives, experiences from other professionals and messages from clients.

Facebook: https://www.facebook.com/pages/Baylor-College-of-Medicine-Childrens-Foundation-Uganda/110844315601179

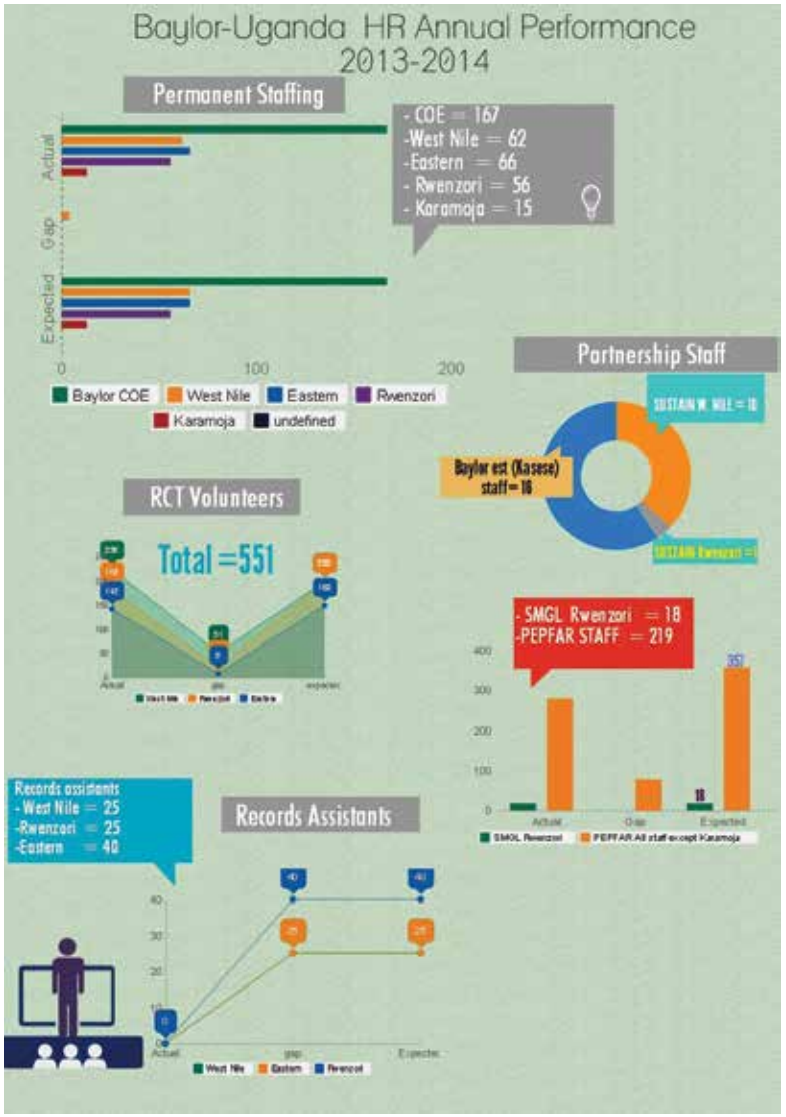
Twitter: https://twitter.com/bayloruganda

LinkedIn: http://www.linkedin.com/company/baylor-college-of-medicine-children%27s-foundation-uganda

HUMAN RESOURCE DEVELOPMENT

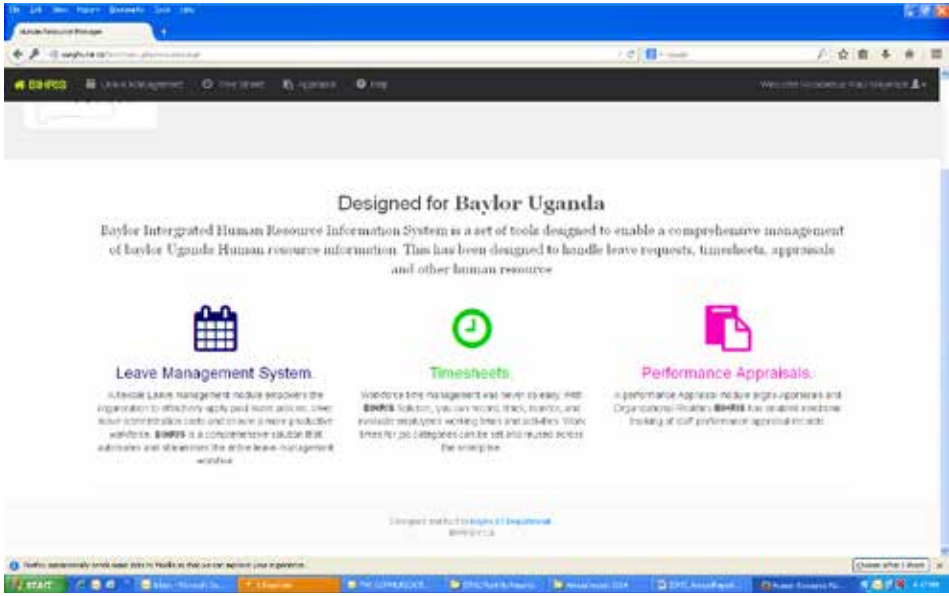
Baylor-Uganda attracts, retains and at times retires staff with varied skills and competences. The quality of staff at the organization has been key to the competitive proposal awards to Baylor-Uganda over the years. Partnering with district local governments, Baylor-Uganda has supported recruitment and retention of 236 staff bringing the current staff levels to over 500 staff.

Baylor-Uganda staff during the supervisory skills training at MJAP



Strengthening Information Systems

During the reporting period, Baylor-Uganda piloted and rolled out the Human Resources Information Systems (HRIMS) with the core business of HR conducted online. The system for tracking daily assignments (time sheets), leave management and performance management has all been made available online.



Validation of RCT Volunteers

To support PITC, volunteers were identified and recruited to help reduce the daily workload of health workers at the facilities. The RCT volunteers help with registering, counseling and testing clients in the OPD for HIV. The validation exercise involved identifying health facilities with more need and re-aligning the teams to meet the demands at the health facilities.

Stress Management

As a measure to address employment stress, the Human resource department has started dance classes and aerobics for the staff based at the COE. The team building activities are to take place every Friday after work starting at 5:00PM.

The activities were approved by management with the aim of improving fitness and team building among staff. The dances and aerobics sessions will cost each staff a meager 2500/= as facilitation for the trainers. The dances to be taught include salsa, cha-cha, and Zumba among others are featured.

Staff have welcomed the initiative and have diligently participated in the team building. The majority of staff look forward to Fridays.

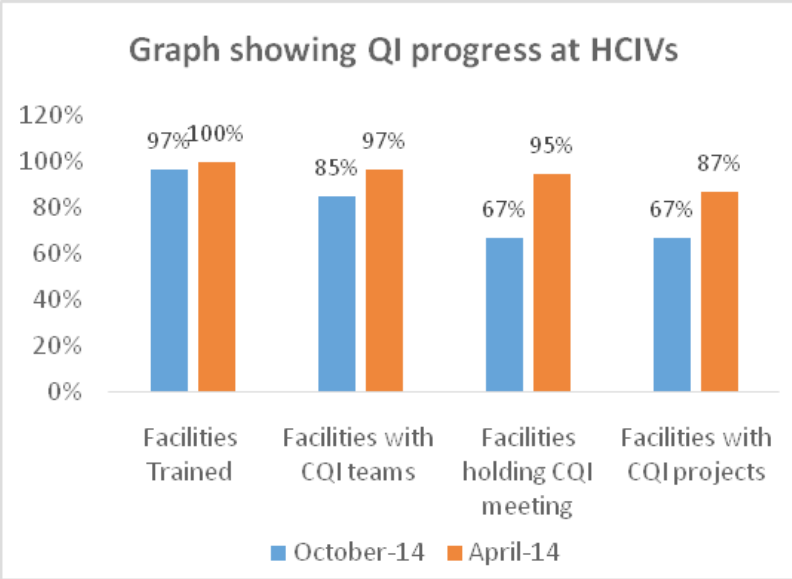
CONTINUOUS QUALITY IMPROVEMENT

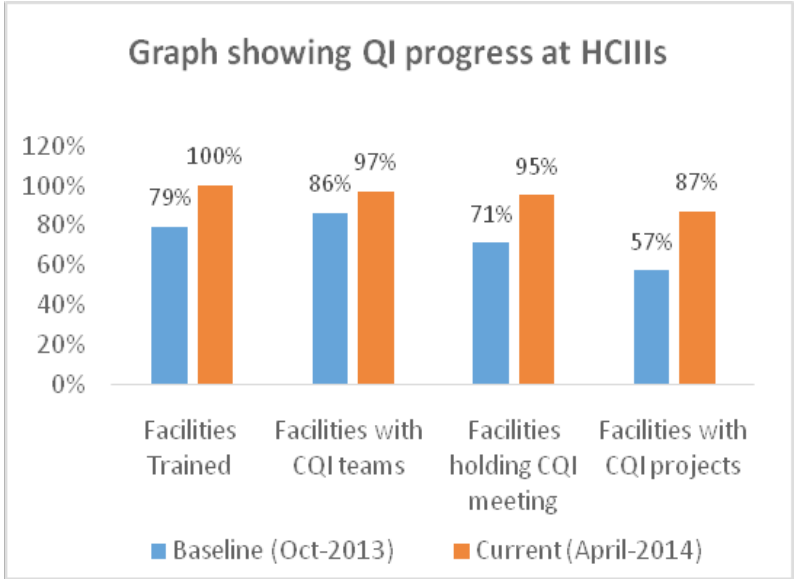
Continuous quality improvement (CQI) is a ministry of health requirement for all health service providers in order to achieve quality service delivery. Baylor-Uganda has undertaken steps to ensure the integration of CQI in all program areas through staff capacity building, establishment of CQI structures and rolling out of tools for regular monitoring.

During the reporting period, the CQI focused on training health workers; formation of health facility based CQI teams; conducting ANC, PNC and adherence assessments; and rewarding best performing districts and health facilities.

Baylor-Uganda and district staff during QI Action planning session at Princess Diana HC IV in Soroti.

Graphs showing CQI progress in CQI implementation since October 2013 to April 2014 in Baylor Uganda supported districts and facilities.





Prevention, Care, Treatment and Support towards healthy and fulfilled lives

FINANCIAL STATEMENT

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
Income	**Ushs '000**	**Ushs '000**
		Restated
Grant income	49,857,902	51,822,622
Drug donations	7,055,959	5,311,597
Deferred income realised	2,092,511	1,016,834
Other income	388,857	182,478
Total income	**59,395,229**	**58,333,532**
Expenditure		
Medical supplies and patient care costs	17,507,337	16,568,435
Staff costs	15,611,152	12,580,082
Consultancies and training	3,903,398	1,862,067
Administrative costs	27,012,629	20,479,179
Foreign exchange loss/(gains)	68,845	(143,932)
Total expenditure	64,103,361	51,345,831
(Deficit)/Surplus for the year	(4,708,132)	6,987,701
Other comprehensive income for the year	-	-
Total comprehensive (deficit)/ income for the year	**(4,708,132)**	**6,987,701**

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	2014	2013	2012
	Ushs '000	Ushs '000	Ushs '000
ASSETS		**Restated**	**Restated**
Non-current assets			
Property, plant and equipment	7,504,354	6,774,501	7,079,759
Intangible assets	17,929	36,697	31,740
	7,522,283	6,811,198	7,111,499
Current assets			
Inventories	2,874,778	4,562,800	4,504,324
Amounts due from related parties	70,837	58,733	34,133
Receivables and prepayments	5,713,075	10,383,640	4,046,440
Bank and cash balances	3,464,330	3,930,110	926,890
	12,123,020	18,935,283	9,511,787
TOTAL ASSETS	19,645,303	25,746,481	16,623,286
RESERVES AND LIABILITIES			
Reserves			
Accumulated surplus	9,320,289	14,028,421	7,040,720
	9,320,289	14,028,421	7,040,720
Deferred income	8,646,001	6,774,501	7,079,759
Current liabilities			
Trade and other payables	1,679,013	4,943,559	2,502,807
	1,679,013	4,943,559	2,502,807
TOTAL RESERVES AND LIABILITIES	19,645,303	25,746,481	16,623,286

STATEMENT OF CHANGES IN RESERVES FOR THE YEAR ENDED 30 JUNE 2014

	Accumulated surplus
	Ushs '000
At 1 July 2011, as reported previously	5,644,264
Impact of prior years' error on deferred grant income	(4,070,918)
Restated balance at 1 July 2011	1,573,346
Total comprehensive income for the year (Restated)	5,467,374
Restated balance at 1July 2012	7,040,720
Total comprehensive income for the year (Restated)	6,987,701
Restated balance at 30 June 2013	14,028,421
Total comprehensive deficit for the year	**(4,708,132)**
At 30 June 2014	9,320,289

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
	Ushs '000	Ushs '000 Restated
Deficit for the year	(4,708,132)	6,987,701
Adjustments for;		
Depreciation	1,110,868	1,016,834
Amortization charge	18,768	15,761
Deferred Income realized	(2,092,511)	(1,016,834)
Loss on sale of assets	18,779	-
Net cash outflow before changes in working capital	(5,652,228)	7,003,462
Changes in:		
Stocks	1,688,022	(58,476)
Receivables and prepayments	4,670,565	(6,337,200)
Trade and other payables	(3,264,546)	2,440,752
Related party balances	(12,104)	(24,600)
Deferred Income received	3,964,011	711,576
Cash generated from operations	1,393,720	3,735,514
Net cash generated from operating activities	1,393,720	3,735,514
Cash flow from investing activities		
Purchase of equipment	(1,986,198)	(711,576)
Purchase of software	-	(20,718)
Proceeds from sale of equipment	126,698	-
Net cash used in investing activities	(1,859,500)	(732,294)
(Decrease)/Increase in cash and cash equivalents	(465,780)	3,003,220
Cash and cash equivalents at 1 July	3,930,110	926,890
Cash and cash equivalents at 30 June	3,464,330	3,930,110

Acknowledgements

Ministry of Health	UNICEF
United States Government/PEPFAR/CDC	CUAM
Baylor International Paediatric AIDS Initiative	ELMA Foundation
Texas Children Hospital	Every Mother Counts
Baylor College of Medicine	Abbot Fund
Bristol Myers-Squibb Foundation	American Foundation for Children with AIDS
Clinton Foundation HIV/AIDS Initiative	PACE
Americares	The C.U.R.E Project
National Institute of Health	District Local Governments
Total Uganda	

List of Acronyms

ANC	Antenatal Care
AMSTL	Active Management of Third Stage Labour
ARROW	Anti Retroviral Research for Watoto
ART	Anti Retroviral Therapy
BIPAI	Baylor International Paediatric AIDS Initiative
CHAPAS	Children with HIV in Africa-Pharmacokinetics, Adherence/Acceptability of Simple Antiretroviral regimens
CEMOC	Comprehensive Emergency Obstetric Care
CHBC	Community Home Based Care
CDC	Centres for Disease Control and Prevention
COE	Centre of Excellence
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother To Child Transmission
HC	Health Facility
HCT	HIV Counselling and Testing
HRIMS	Human Resource Information Management Systems
KYCS	Know Your Child's HIV Status
MARP	Most At Risk Populations
MOH	Ministry of Health
NIH	National Institute of Health
OPD	Outpatient Department
OVC	Orphans and other Vulnerable Children
PACE	Program for Accessible Communication and Education
PITC	Provider Initiated Testing and Counselling
PMTCT	Prevention of Mother to Child Transmission
RCT	Routine Counselling and Testing
RUTF	Ready to Use Therapeutic Feeds
SAINTS	Strengthening and Improving National Training Systems
SMC	Safe Male Circumcision
SMGL	Saving Mothers, Giving Life
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Emergency Fund
VHT	Village Health Team
WHO	World Health Organisation

class : P.5.

Dear uncle
How is life, and how is baylor.
Am taking this opportunity to well come you back from the sanyuka camp and we enjoyed so, so much and even I thank you for being kind to us and I am thanking you for loving your colour and us who were they.
And next year I want to go back because I enjoyed so, so much and I did not want to go back home.
And my parents loved you so much because I told them that you were so kind to us
I do not have many words to tell you* but
May God bless You.
Bye, Bye

Uncle
Rock

from IVAN OH WAKABI

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