

Baylor College of Medicine Children's Foundation-Uganda



BIPAI

Baylor International
Pediatric AIDS Initiative

Annual Report

2014-2015




Texas Children's Hospital



BAYLOR - UGANDA SUPPORTED DISTRICTS

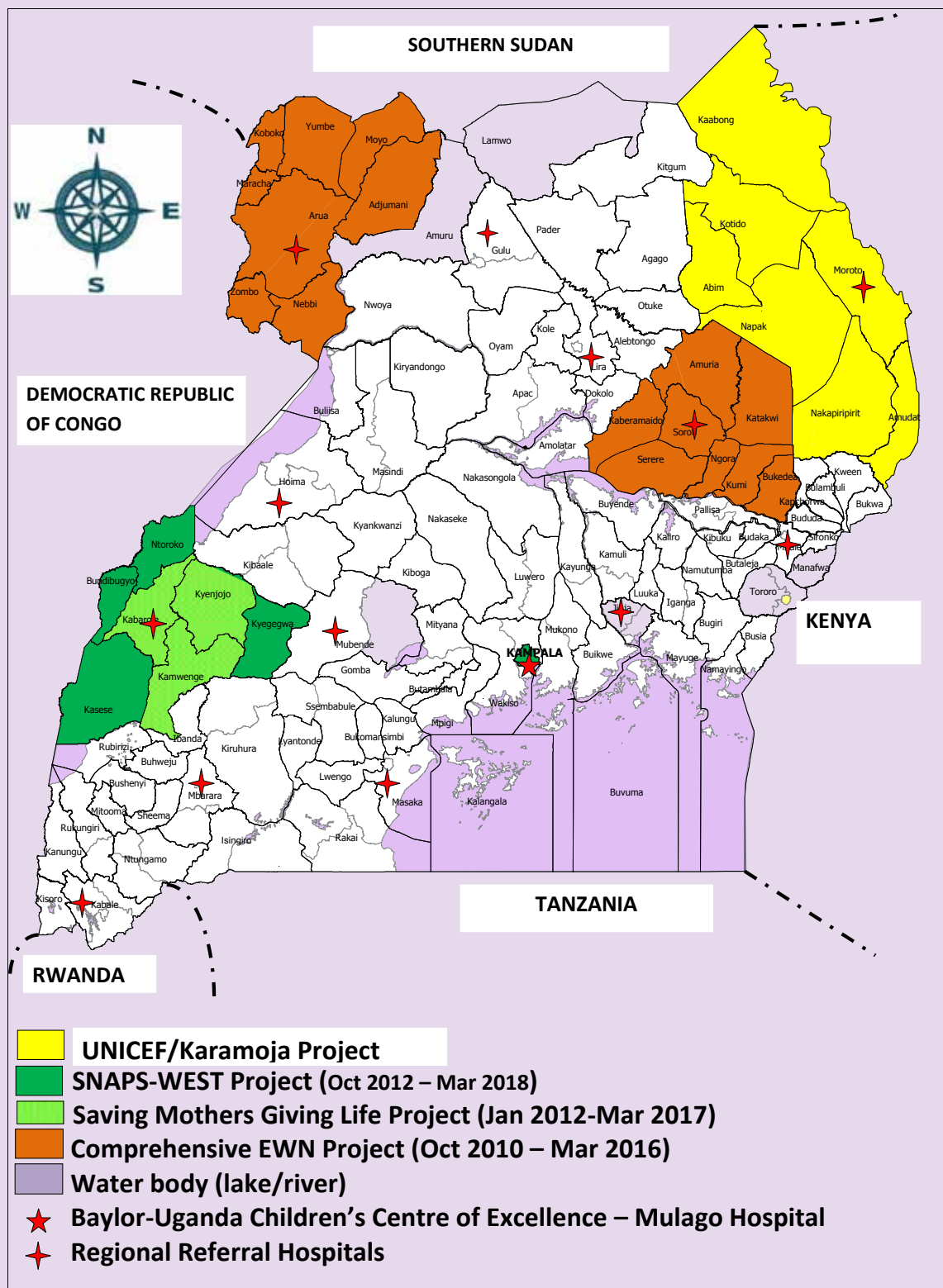


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**CONTINUOUS QUALITY
IMPROVEMENT**

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-centred paediatric and adolescent health care, education and clinical research worldwide

About BIPAI 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 paediatric HIV/AIDS care and treatment Children's Clinical Centres of Excellence and international program offices in 11 countries worldwide.

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; and specifically include food and nutrition and social support to orphans and vulnerable children, trainings, mentorships and support supervision, infrastructure improvement and supplies.

Where we Work: These operations are carried out at the Centre of Excellence (COE) and Post Natal Clinic at Mulago Hospital Complex, and 548 health facilities in 30 districts across the country, especially in facilities where access to paediatric and family HIV/AIDS services is largely constrained.

Our values

Care



Loyalty



Excellence



Innovation



Teamwork



Accountability



Key facts about Baylor-Uganda

- Runs the largest single paediatric HIV and AIDS care and treatment clinic in Africa accounting for nearly **26%** of all the children in care in Uganda.
- Partners with district local governments in West Nile region, Karamoja region, Rwenzori region and Teso sub region to deliver paediatric and comprehensive family-centered HIV/AIDS services, maternal health, capacity building and research in **548** health facilities
- Runs a CAP accredited laboratory at the COE and also supports best practice for **378** laboratories in the field
- Has refurbished **20** service delivery points including laboratories, maternity wards and theaters across the districts of partnership
- Has this year trained **672** midwives, laboratory technologists, and other categories of health workers for improved quality service delivery
- Has conducted the first ever-pregnant women's beauty pageant in Uganda

President Yoweri Museveni invites Dr. Addy for a photo during the 2014 World AIDS Day. The president later recognized Dr. Addy by awarding her a Golden Medal for her contribution to paediatric HIV during the 2015 International Women's Day celebrations.



List of Acronyms

ANC	Antenatal Care
ARROW	Anti Retroviral Research for Watoto
ART	Anti Retroviral Therapy
BIPAI	Baylor College of Medicine International Paediatric AIDS Initiative
CAP	College of American Pathologists
CBO	Community Based Organisation
CHAPAS	Children with HIV in Africa-Pharmacokinetics, Adherence/ Acceptability of Simple Antiretroviral Regimens
CHBC	Community Home Based Care
CHC	Communications for Healthy Communities
COE	Centre of Excellence
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother to Child Transmission
HC	Health Facility
HCT	HIV Counselling and Testing
HSSIP	Health Sector Strategic and Investment Plan
KYCS	Know Your Child's HIV Status
NICU	Neonatal Intensive Care Unit
NIH	National Institute of Health
OAFILA	Office of the African First Ladies against AIDS
OVC	Orphans and other Vulnerable Children
PLH	People Living with HIV
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

Foreword



I continue to marvel at the level of commitment, quality, and the extent of excellence that drives Baylor-Uganda operations, especially in resource limited locales. Whenever there has been an opportunity to witness programme implementation at field level, as a Board, we have regarded that opportunity as a moment of truth—witnessing the achievements and reflecting on the challenges.

During the year, the Board and I had the opportunity to visit Ngora district where we found a fully-equipped modern maternity. Miles apart, in the Amuria and Katakwi districts, we again found modern laboratories. These are just three of the several examples of health service delivery improvements that have taken place during the year by Baylor-Uganda. It is common knowledge that maternity and laboratory are part of the critical services that must be delivered in a majority of the upcountry health facilities supported by Baylor-Uganda; and their absence may translate into less than optimal health care.

For these efforts, I credit the Ministry of Health, our donors, the management and staff of Baylor-Uganda, and the local district governments. We are grateful to our funding partners, CDC, UNICEF, EMC, ELMA Philanthropies, NIH, Comic Relief, Texas Children's Hospital and Baylor College of Medicine International Pediatric AIDS Initiative, whose support is transforming health outcomes for entire families.

We shall not relent in pursuing excellence in the delivery of health services for every child and their family. Our practice and expectation as a Board has been, and will continue to be, a focus on raising the standards expected of Baylor-Uganda as a leader in paediatric and adolescent health care, education and clinical research. Over the years, these standards have defined and shaped our response, specifically with paediatrics.

On behalf of the Board, I'd like to welcome Peter Kimbowa, and Edna Isimbwa Rugumayo as new members of the Board of Directors supporting the unrelenting work of Baylor-Uganda, as well as acknowledging Simpson Tumwikirize, Nancy Calles and Michael Walsh for their past Board service. We expect 2015-16 to bring new opportunities and challenges to Baylor-Uganda, but with a fully committed Board, we will continue to be the premier paediatric HIV/AIDS programme in Africa.

A handwritten signature in blue ink, appearing to read 'M. Mizwa'.

Michael B. Mizwa

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

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

Message from the Executive Director

What would an adolescent do when she is sexually assaulted or defiled, made pregnant and then abandoned? Where would she turn for help and support when her family also abandons her or fails to meet the needs of a young pregnant adolescent? The stories of two young girls—Merab and Juliet—have been part of those heartbreaking moments of the year. We have walked together with Merab and Juliet without looking back to their predicaments.

Merab is now part of the 174 OVC trained and empowered under the skills development, while Juliet is part of the 213,769 pregnant women who received HCT at the 548 health facilities under the Baylor-Uganda partnership with districts.

As we face these challenges related to adolescents, we celebrate the fact that even within these circumstances, we are now able to protect the babies from HIV infection from their mothers. The news that prevention of Mother-To-Child Transmission of HIV has reduced from 26,000 in 2011 to the current 9,000; and the fact that Baylor-Uganda supports 40% of all accredited paediatric ART sites in the country is amazing. We have buttressed this effort by training 672 midwives, and improved quality of services at 378 laboratories. These laboratories have contributed greatly in reaching over 4,000 exposed infants in this reporting period.

This milestone resonates with other achievements such as the over 16,000 MARPs and 103,113 couples, reached with HCT services; 106,110 clients in care and treatment services; 1,491 children supported for education; and 1,683 student health workers under training. Champions like Apollo have greatly supported safe male circumcision which has now reached 200,978 beneficiaries since we started 2 years ago.

It is fascinating to see the improved newborn



services in the SMGL districts; for the first time, we now have fully operational Neo-natal Intensive Care Units (NICUs) in places like Ntara Health Center IV, Kyenjojo hospital, Kibiito Health Center IV in addition to Buhinga /Fort Portal Regional Referral hospital. With improved care for neonates, Baylor-Uganda is tracking its vision of a healthy and fulfilled life for every child and their family.

I extend gratitude to the board for the guidance, the Ministry of Health, the district local governments, the health workers, Baylor-Uganda staff and the army of community volunteers whose commitment, selflessness, and dedication are reflected by the results in this 2014-2015 Annual Report. I look forward to another successful year.

Associate Clinical Prof.
Adeodata Kekitiinwa
Executive Director

HIV PREVENTION

Baylor-Uganda supports the national strategy of combination prevention focused upon: scaling up biomedical interventions, upholding behavioral interventions, addressing social-cultural and economic drivers, and engaging political leadership for accelerated HIV prevention. Through interventions targeting community-wide HIV Counselling and Testing (HCT), Most at Risk Populations (MARPs), couples and vulnerable groups such as unborn babies, Baylor-Uganda has closely collaborated with districts to increase: HIV testing points for the general population, testing for children through early infant diagnosis (EID), access for couples and pregnant mothers through Prevention of Mother To Child Transmission of HIV (PMTCT) and Safe Male Circumcision (SMC) to reduce infection risk.

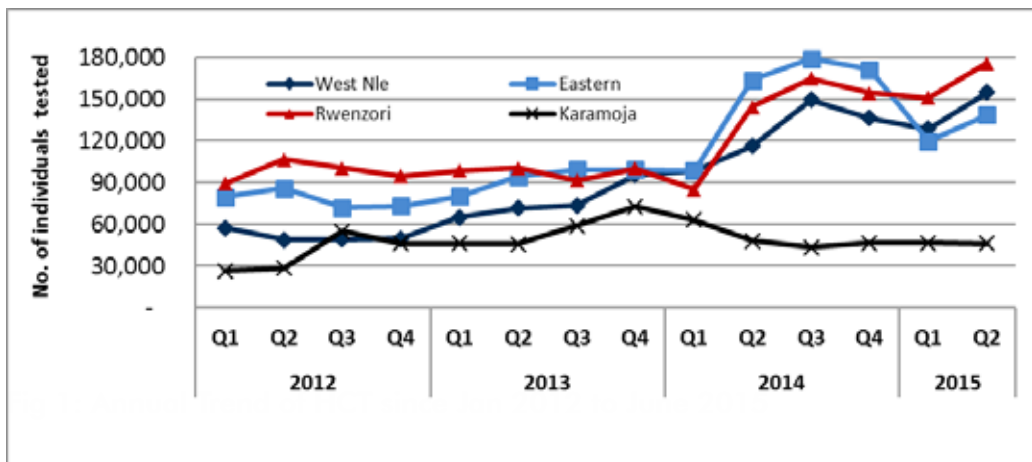


"If we continue walking the journey together, we shall end the HIV epidemic." Uganda's First Lady, Janet Museveni during the eMTCT launch in Hoima

HIV Counseling and Testing (HCT)

Both Provider Initiated Testing and Counselling (PITC) and Routine Counselling and Testing (RCT) are offered at static testing points, and targeted outreach to mapped communities and populations. Baylor-Uganda facilitates a pool of 550 RCT Volunteers to provide regular and timely RCT services across 23 districts. During the reporting period, 2,353,531 people were tested with a positivity rate of 1.7%.

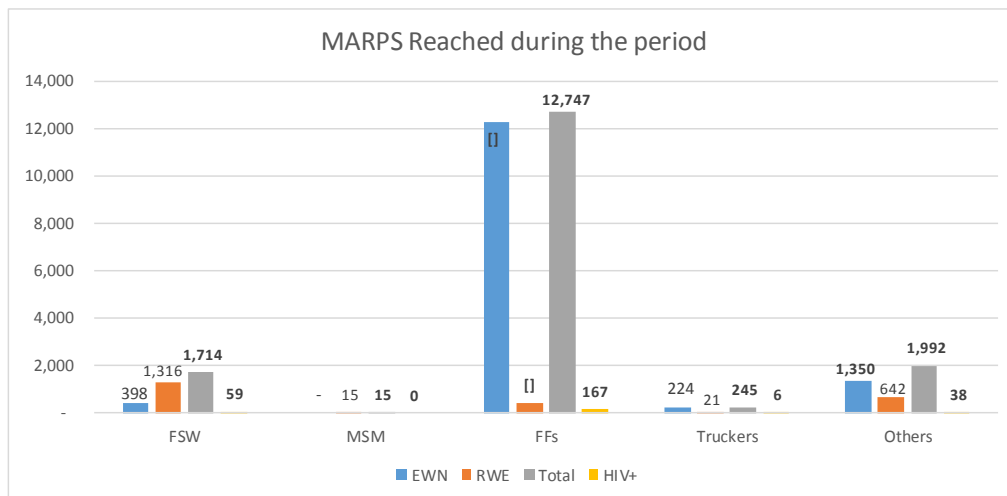
Since the design of the HIV/AIDS National Strategic Plan in 2010/2011, a total number of 5,641,803 people have been tested as illustrated in the trend analysis below.



Targeting MARPS

During the reporting period, 1,714 Female Sex Workers (FSW) received prevention services, including HCT with a positivity rate of 3%. Also, 12,747 Fisher Folks (FF) were tested for HIV and 167 tested HIV positive with positivity rate of 1%. Another 245 truckers were reached, with only 6 testing HIV positive. Others, including boda boda drivers and tea plantation workers, were also tested (1,992). A total of 172 MARPs were enrolled on ART. The chart below provides the breakdown of those reached.

Fig 2: MARPS Coverage



Couple Counselling and Testing

According to the UNAIDS HIV and AIDS Uganda Country Progress Report 2013, published in 2014, the HIV incidence was observed to have increased within the reporting period among adults. This was attributed to personal understanding of and attitude towards HIV, personal and partner awareness of HIV, and high risk sexual behaviour.

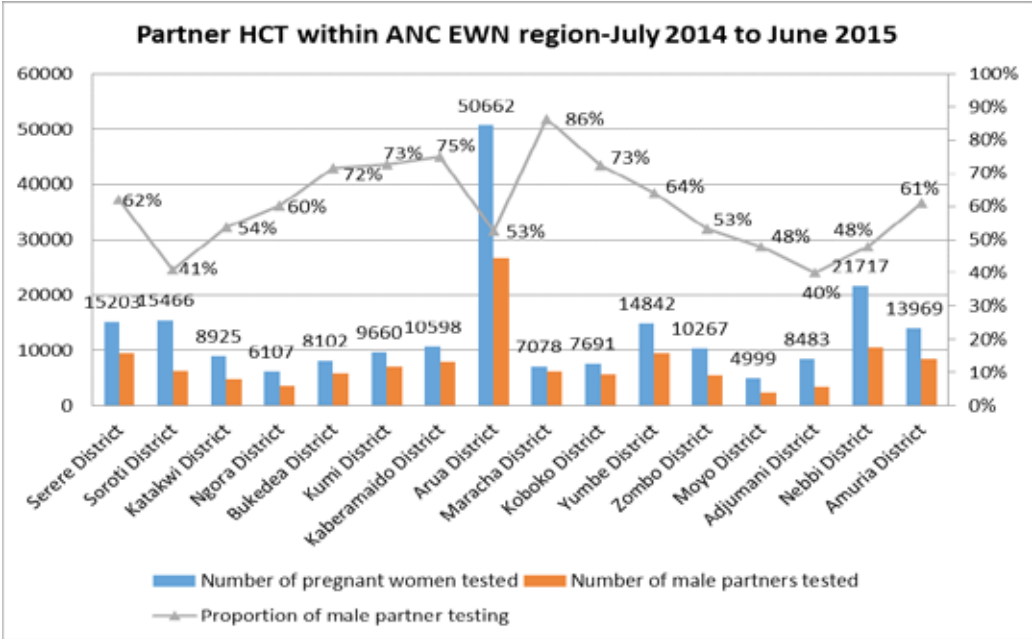
Baylor-Uganda's implementation has targeted couples with HCT during Antenatal Care (ANC) visits, encouraged partner HCT during events and initiated pilot HCT campaigns for couples. During the reporting period, a total of



An elderly couple registering for HCT during an outreach

103,113 couples received HCT services in the Out Patients Department (OPD) of respective health facilities. Of these, 3,737 (3.6%) couples had concordant HIV positive results while 1,652 (1.6%) were discordant. Within the ANC clinic, a total of 213,769 pregnant women received HCT services and of these 60.2% tested together with their male partners. Maracha district, for instance, had the highest rate of male partner testing at 86% while Adjumani district scored the lowest number of male partners tested at 40%. Maracha has a bi-law for couple HCT with quick service incentive for couples.

Fig 3: Couple Receiving HCT Services



Prevention of Mother to Child Transmission of HIV

Recent efforts towards elimination of Mother-to-Child Transmission of HIV (eMTCT), championed by Uganda’s First Lady, and supported by the US government and UN fraternity in Uganda have witnessed a reduction of mother to child transmission of HIV from 15,000 (2011) to 9,600 (2014), constituting 36% reduction in new infections.

Collaborating with the Office of the African First Ladies Against HIV (OAFILA), Baylor-Uganda successfully launched eMTCT campaigns in all regions of its comprehensive HIV/AIDS mandate. These campaigns also witnessed hosting of formerly exposed children’s parades who were ‘graduated’ under the PMTCT program.



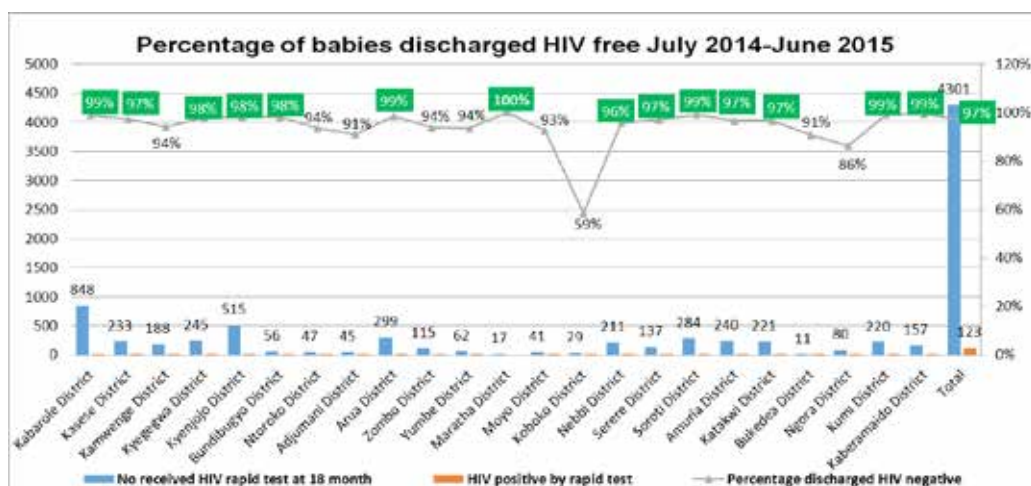
Early Infant Diagnosis

Research has validated the importance of early identification of HIV exposed children for better treatment outcomes.

Baylor-Uganda works with Peer Mothers to identify, link and retain those eligible for care. Using existing clients as indexes, the Peer Mothers and selected Village Health Teams (VHTs) work with the Baylor-Uganda community outreach teams to organize Home Based HCT, and/or Know-Your-Child-HIV-Status Campaigns (KYCS). Within the MOH guidelines, exposed children are screened and monitored for 18 months after which they are either discharged or initiated into HIV care.

During the period July 2014 to June 2015, a total of 4,301 HIV exposed babies received a rapid test for HIV diagnosis to ascertain their status at discharge and out of these 123 turned out HIV positive translating to a mother to child transmission rate of 2.8%.

Fig 4: Proportion of HIV Exposed Babies Discharged with HIV Negative Status



**Data source is
DHIS2**

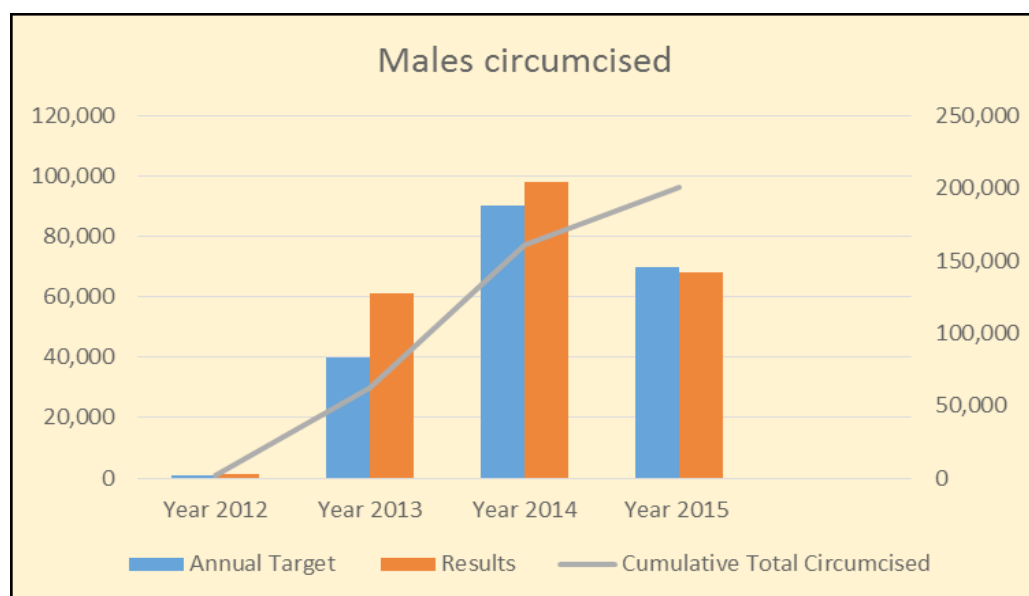


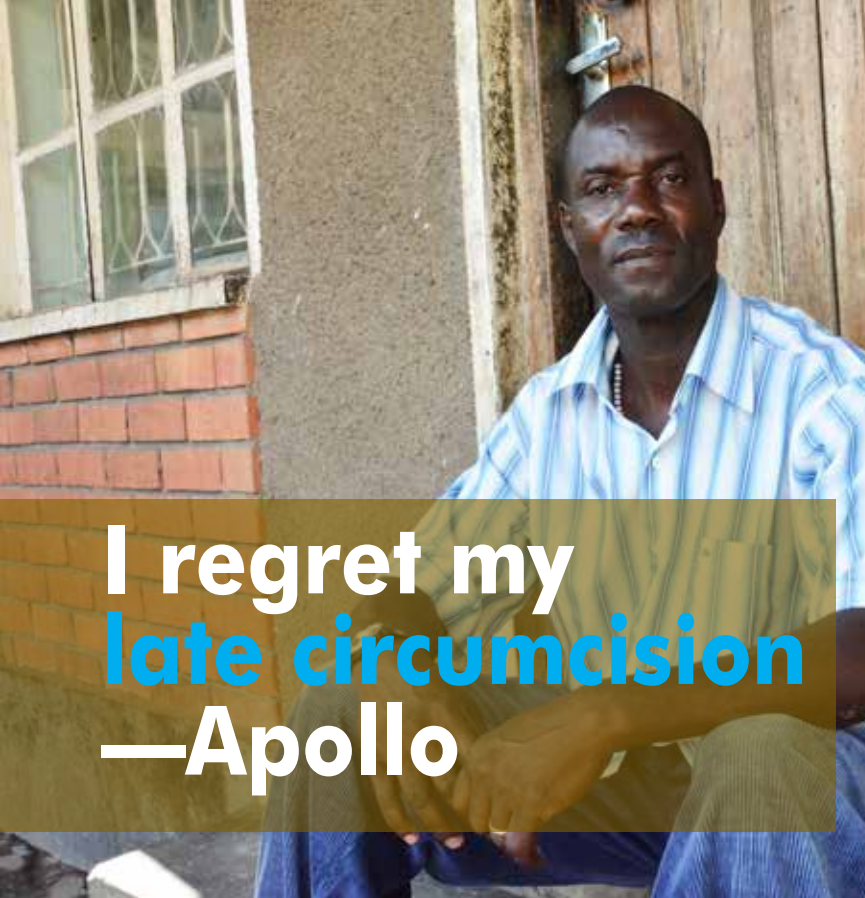
Safe Male Circumcision (SMC)

Baylor-Uganda, through its five year grant from PEPFAR/CDC, has supported a total of 16 districts (8 districts each in West Nile and Eastern regions) to scale up the SMC intervention. This was accomplished using a mix of static sites routine SMC service delivery at public health facilities, and mobile SMC services through SMC camps and outreach by trained and dedicated SMC providers. This is in line with MOH efforts to reach 80% (4.2 M) uncircumcised males aged 15-49 years by 2015. Up to 19 health facilities have been supported to provide SMC services for males between 12 years and 49 years.

Cumulatively, 200,978 males have received SMC services. This effort has been supported by the projects investment in partnerships with Communication for Healthy Communities (CHC) to advocate, sensitize and facilitate social mobilization campaigns to create demand for SMC. In order to deliver quality and safe medical male circumcision, infrastructure improvements and minor refurbishment of operating theatres were made at Packwach HCIV, Oli HCIV, Ngora HCIV and Atutur Hospital.

Fig 5: Males Circumcised over the Project Period





I regret my late circumcision —Apollo

At 51 years, Apollo regrets having had circumcision late in life. The father of seven says he was able to help himself but had failed to protect his wife.

"My wife was diagnosed with cancer of the cervix and got treatment. In the process, she lost her uterus as the best alternative. Then, it did not occur to me that I was the most likely cause of her problem. I thought it was a women's disease," Apollo says, with regret on his face.

But Apollo had been struggling with penile wounds that kept resurfacing for many years. He had been treated for gonorrhea and syphilis without success. "After my wife's cancer treatment, I started fearing that my wounds would result into cancer. I panicked and went to hospital this time and not the clinics I had been going to."

He sought help from the nearest Freda Carr Hospital from where he was referred to the regional hospital at Soroti. He took about two months to go to the regional referral hospital. "I was shocked to be told that the problem can only be solved with circumcision. I needed about Shs. 320,000 including hospital charges, transport, and feeding." During this time, Baylor-Uganda was planning a circumcision outreach at the Ngora Freda Carr Hospital. Apollo was one of the first persons to register for the service.

"I came to the hospital and inquired about circumcision. I met health workers who looked at the treatment book and the medical notes." Apollo was not circumcised on the first day, but was given information about the

cause of his ailment. It is then that he realized that his problem was linked to his wife's cancer. Apollo says "I could not imagine that I had caused this situation to my wedded wife. I could not imagine that I had been carrying 'a weapon of destruction' with myself that had harmed my wife."

Apollo was circumcised on the second day of his visit and took about four weeks to heal. "After four weeks, I was feeling very okay, but had to take the six weeks as advised by the doctors. Since that time, I have never experienced the problem again. I talk to young people a lot about my story. Some fear that they will lose their manhood, will become impotent or even fail to produce," he says.

Apollo says, as for him, circumcision was not about reducing his chances of contracting HIV since he had been married for over three decades. *"My biggest regret, and I keep telling that to the young people, is that I was circumcised when it was too late. If only I had had it early in life, my wife would not have gone through the pain and trauma of cervical cancer."*

Dr. Steven Wiersma, the incoming country director for US Centers for Diseases Prevention and Control (CDC) in Uganda arrives at the Baylor-Uganda COE on a courtesy visit. He is accompanied by Dr. Walter Obiero, CDC staff and received by Baylor-Uganda's executive director, Dr. Addy



CARE AND TREATMENT

The 2013 Uganda HIV and AIDS Country Progress Report set a target of reaching 1.5 million people with life-saving ART. Part of the strategy included updating the national ART treatment guidelines to include recommendations from the 2013 WHO ART Guidelines which aim to dramatically increase access to ART and in turn provide new opportunities to save lives, improve clinical outcomes and reduce HIV incidence. The paediatric guidelines recommend;

"Treat the sick, encourage abstinence and prevent mother to child transmission."

President Yoweri Museveni during World AIDS Day 2014 in Kabarole district where Baylor-Uganda leads the comprehensive HIV / AIDS services.

- Initiation of all children below 15 years of age irrespective of CD4 count or WHO staging on antiretroviral therapy (ART).
- Substitution of Zidovudine (AZT) in the first line ART therapy for; Abacavir (ABC) for all children below 10 years of age or 35kg body weight.
- Viral load as the preferred monitoring approach to diagnose and confirm ARV treatment failure.

Baylor-Uganda incorporated these guidelines as part of its treatment policy in April 2014 and systematically began work to ensure that all children less than 15 years and eligible adults were initiated on appropriate ART and carefully monitored for successful treatment outcomes.



Anti-Retroviral Therapy

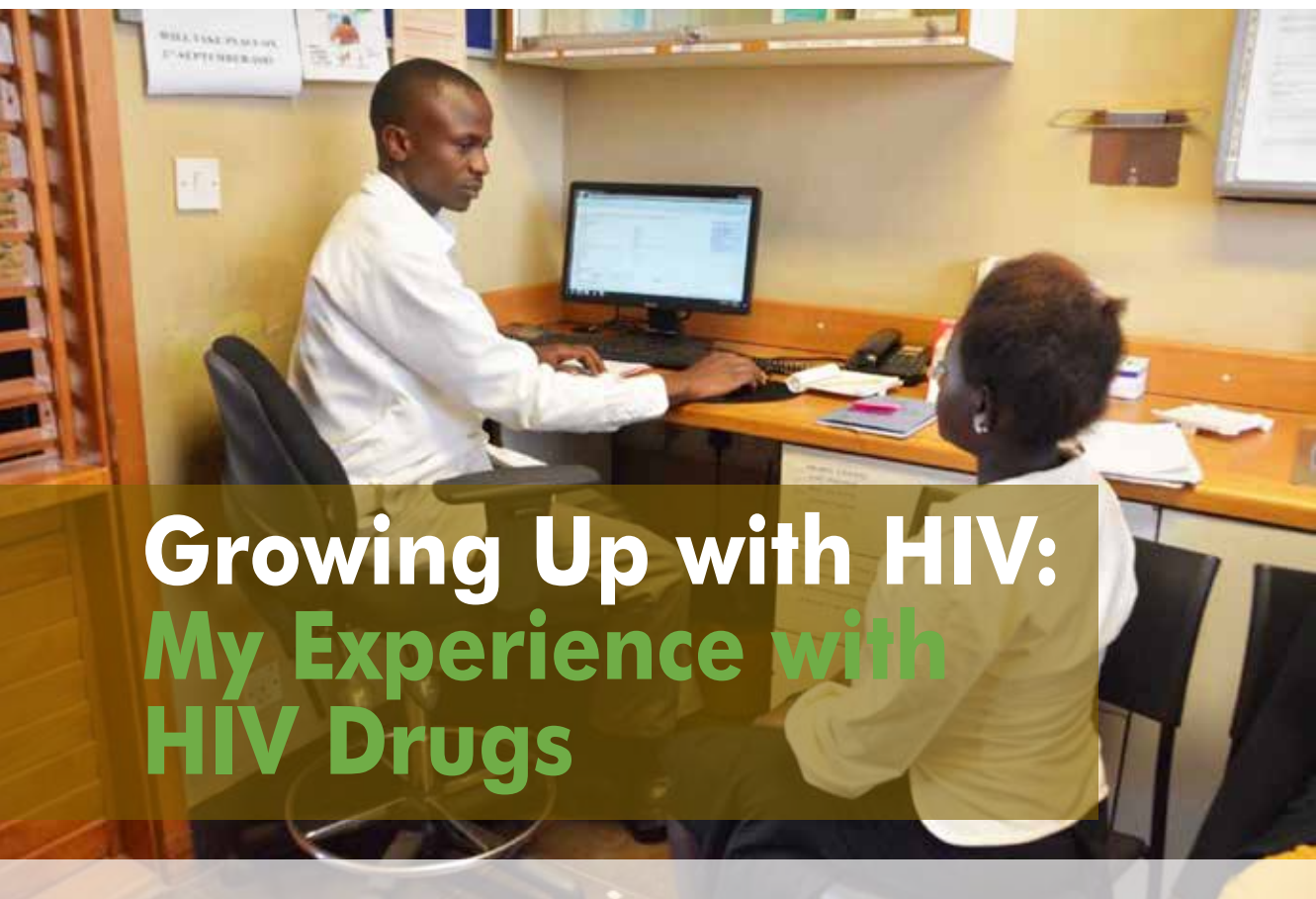
Adherence monitoring is one of the core strengths of the Baylor-Uganda ART program. While rolling out the new WHO guidelines to increase coverage, tracking each client will ensure long term benefits and a healthier life for clients on ART. Our key groups include children, breastfeeding and pregnant mothers, and couples in discordant relationships.

Currently, the 6,990 HIV+ children and adults receiving comprehensive HIV care and support



services at the COE have all been assessed for ART eligibility and 100% of all children <15 years initiated on ART. Also, 81% of all clients on ART have adherence rates between 95 – 105%.

Across all facilities supported by Baylor-Uganda in the following regions; West Nile, Eastern, Rwenzori and Karamoja, over 106,110 (10.6% children <15 yrs) clients are currently receiving comprehensive care and treatment services. Of these, 91,263 are on ART (12.3% children <15 yrs).



Growing Up with HIV: My Experience with HIV Drugs

“The nurses must think I am some kind of medical marvel,” says Justine, as she waves to yet another nurse, mesmerized by her seven months old pregnancy. “I have been coming here for longer than I can remember. A lot of these people have watched me grow up here; they have seen the challenges I faced. Some probably thought that I would not make it.”

"During my early childhood, growing up with HIV was difficult, to say the least. I would take the drugs but they would not settle in my body. It probably did not help that I had no idea why I had to take drugs while my other siblings didn't; so sometimes I would resist. Eventually my mother together with a counselor explained to me that I am HIV positive. I was about 7 years old. My school work was affected because I could never stay long enough to study. I was in and out of hospitals sometimes spending a week at home. I continued to struggle with the drugs until I was put on second line under the ARROW trial. By then, however, my father had died and my mother could not afford to put me through school, so I dropped out.

In the meantime, my mother remarried and I went to live with my brother but the chores became a burden on my health. I would wake up by 5 am to start working and not rest until 9 pm, often not taking my drugs. It was noticed that I was failing at the Baylor-Uganda clinic and an escort visit was prescribed for me by the community home based care team. The Baylor-Uganda staff explained to my relatives

why I needed to have some of my chore burden reduced and that I also needed to rest. The staff also developed a monitoring system to ensure that I took my pills as prescribed. My mother was contacted and asked to intervene in my care to help me improve on my adherence and since then, I am reported as stable and doing well on my treatment.

I am doing much better; eating better, and much livelier. I do not have any problems with the drugs and I am healthy. I am also seven months pregnant with my first child. Knowing I am responsible for my child's wellbeing makes me more determined to take my drugs as prescribed.

My partner is aware of my status; and was aware since the beginning. We went to my second antenatal care visit together where it was explained how we can keep our baby safe. I sometimes get nauseous with the drugs but I keep them down. I urge my fellow teen mothers to take their drugs diligently in order to protect their unborn child. I take my drugs not only for myself but also for my unborn child. I want my child to be healthy, to have a good education and eventually to get a good job."



Kabarole district TB Mentors after a training, June 2015

Baylor-Uganda supports tuberculosis (TB) prevention and treatment services through training of health workers and mentors, conducting assessments, and supporting TB performance review meetings. During the reporting period, over 400 health facilities in the Eastern, West Nile and Rwenzori regions were supported to provide TB services. A team of 60 mentors and 170 health workers has been trained in management of TB, TB /HIV, and MDR-TB. Another group of 7 new District TB and Leprosy Supervisors (DTLS) from Baylor-Uganda supported regions was facilitated to attend a TB/HIV comprehensive course at Buluba Hospital. In the supported upcountry facilities, Case Notification Rate (CNR) has improved from an average of 90/100,000 population to 110/100,000 population adjusted for the 2014 census data.

All clients who report to the COE at Mulago Hospital are routinely screened for TB using the intensified case finding form. Among 148 TB/ HIV co-infected clients screened in the past year, 99% were initiated on TB treatment. Gene xpert and chest radio-graphs remain the main investigations for suspected cases.



Pharmacy Services



The Baylor-Uganda pharmacy section supports introduction, capacity building and mentoring in best practice pharmacy guidelines to all supported health facilities in the country.

The section also identifies commodity needs and initiates partnerships with other agencies to facilitate acquisition, approval and allocation of equipment.

During the past year, Baylor-Uganda received equipment and consumables from AmeriCares that benefited displaced people in West Nile region; and another consignment from the American Foundation for Children with AIDS (AFCA) for Atutur hospital in Teso region.

A pharmacy section at Amuria HC IV

Throughout the Baylor-Uganda supported health facilities, the Web-based ARV Ordering and Report System (WAOS) has helped to maintain the reporting of supplies to a 97% average. With our support, lower health facilities in the Karamoja region are also able to conduct online requesting and reporting for supplies. The reporting in Karamoja thus improved from 40% to 95% during the year.

Infrastructure improvements for storage have improved drug visibility and ability of staff to track drug expiries.



WAOS training for health workers in Kotido

• Laboratory Services

Baylor-Uganda has supported Strengthening Laboratory Management Towards Accreditation (SLMTA) activities, infrastructure improvement, linkage systems, laboratory staff in-service training and staffing in the partnership districts. Laboratory best practices to ensure safe and quality testing have been achieved for lower level laboratories and hubs. In some districts, water system repairs were made to improve sanitation in laboratory areas. This has increased overall access to both HIV Counseling and Testing (HCT) and routine CD4 tests.

During the reporting period, the COE laboratory was able to renew its College of American Pathologists (CAP) accreditation license for another two years. At the field sites several lower level laboratories were refurbished to enhance a safe work space and where necessary, microscopes were either repaired or replaced. These measures have impacted the quarterly trend of laboratory testing volumes including CD4 monitoring. For example, in the Karamoja region, CD4 access has increased from 34% to the current 76%.

A total of 35 laboratory Quality Managers and Officers were trained in SLMTA, 100 laboratory staff in Biosafety, and 28 volunteers were retrained in Quality HIV testing skills.



Laboratory staff attending to a client

CARE AND SUPPORT

The UNAIDS Uganda Narrative Report, target 10, calls for strengthening HIV integration. Care and support services are provided by Baylor-Uganda to leverage care and treatment. Services targeting orphans and other vulnerable children (OVC), psychosocial support, Community Home Based Care (CHBC), and food and nutrition are provided as part of the comprehensive continuum of care. While some services are offered to all clients, others services target specific clients.

“What I am seeing here confirms the briefs I have received about Baylor-Uganda being part of the national efforts that pioneered paediatric care in the country. ...this is an impressive record achievement for the country. Ms. Deborah Von Zinkernagel UNAIDS Director of the Global Plan and Global Fund.



Nutrition and Food Security

In line with the MOH strategy of integrating Nutrition Assessment, Counseling and Support (NACS) into all health services, Baylor-Uganda embarked on scaling up the capacity of health facilities and health workers in NACS. Over 180 health workers received a comprehensive 6-day didactic training in NACS, and over 300 VHTs were trained in community NACS. Equipment for nutrition assessment, IEC materials, and job aids were procured and provided to support facilities in nutrition management.

With support from UNICEF, in collaboration with MOH and other partners, Baylor-Uganda strengthened health facility capacity to provide maternal nutrition and Infant and Young Child Feeding (IYCF) services. Over 242 health workers were trained in maternal nutrition and IYCF, 536 other health workers were given on-job training through mentorships and support supervision across 111 health facilities, and over 1,173 VHTs were oriented on maternal nutrition and IYCF to promote, protect and support optimal infant feeding practices within their communities. During the reporting period, breastfeeding initiation within the first hour of birth improved from 77% to 98%, Iron/folic supplementation among pregnant women attending ANC from 37% to 77%, MUAC assessment of pregnant women from 29% to 51%, and MUAC assessment of under five children in ART from 56% to 87%.

At the COE in Mulago Hospital, clients receive healthy snacks daily while those that are malnourished are managed under the in-house nutrition section. Food insecure households/clients are enrolled into a support program that

not only ensures short term food availability but also long term sustainability through training and provision of materials. Basic care packages made up of a clean water can and an insecticide mosquito treated net (ITN) are also provided to minimize the occurrence of opportunistic infections.

Mothers are encouraged to begin breastfeeding immediately after giving birth





Orphans and Vulnerable Children (OVC)

In line with the PEPFAR 2015 country operation plan suggestions for OVC services, Baylor-Uganda implements a family-centered socio-economic approach as the most appropriate way of delivering services. Through partnership with Community Based organizations (CBOs), health facilities, local governments and Networks of Peoples Living with HIV (PLH), potential beneficiaries are identified and screened using the vulnerability score. Those found meeting the score line requirements are provided with core services in education, health, economic strengthening and social protection.

During past year, Baylor-Uganda facilitated health service access for 8,200 children and their families. Some of the children were provided with education support (1,491), skills training (174) and referral for child protection (1,871). For sustainability, the skills graduates are provided with start-up kits and followed up every 3 months to assess progress. Family caretakers received training skills in Village Savings and Loans Associations (VSLAs) and materials. Currently 81 groups are actively meeting and saving.

Merab, the Teen Mother's Story

"It has been a tough journey. A number of times I contemplated dropping out of the skills training, but then, I had nowhere to turn to.

I had dropped out of school in senior two after a teenage pregnancy. The boy responsible denied responsibility. For this crime, I was expelled out of home. I sought refuge at my aunt's place who accepted me. To support my needs, I washed people's clothes in their homes. I then heard that there was an opportunity for skills training through Baylor-Uganda. The process also was not simple. They asked many questions but I kept trusting God that something good was going to happen.

Thank God! I have now graduated. I am going to work hard to support myself and my boy child."



Some of the beneficiaries during their graduation

Community Home Based Care (CHBC) Services

Baylor-Uganda works within community support structures to facilitate linkage of clients between the community and the health facilities. The VHTs, community home visitors, and case study workers provide the first point of contact within the communities. These offer home based care, village health talks, health education at health facilities, and routine home visits. The teams have also been instrumental in following up clients and giving necessary feedback to the health workers. In the districts implementing maternal health

programs, the VHTs have supported documentation of pregnancy, antenatal care (ANC) and post natal visits to health facilities, health facility deliveries, and maternal/neonatal mortality.

During the reporting period, 2,134 of the existing 4,852 VHTs underwent refresher training in newborn care to strengthen their skills. Each of them was given tools that included the VHT register referral books, and quarterly reporting tools for their work. As a result, 82% of clients have been retained in care across the supported regions. In regions like Karamoja, CHBC services have helped improve tracking of children in HIV care.



A VHT demonstrates MUAC recording for clients at Katakwi HC IV



Camp leaders during preparations before reporting to the camp site



The psychosocial support team coordinates counseling, peer activities, caretaker engagements as well as teen sports and camps. Overtime, these activities have been validated as key to ensuring adherence to ART treatment, reducing stigma and promoting the voices of the young people. Teen sports and camps are important tools for self expression. During the past year, the camps, gala and talent show brought together 475 young people including 22 staff.

The caretakers and Male Access quarterly meetings brought together 600 caregivers in each quarter. Baylor-Uganda also partnered with corporate companies such as UMEME, Coca Cola, Sameer Agriculture, Rwenzori Water, Multi Choice, Lugazi Sugar and Mukwano Group of Companies to provide one-off basic items (milk, soft drinks, sugar, soap, and cooking oil) to 230 caregivers.

MATERNAL AND NEWBORN CARE



The National Health Sector Strategic and Investment Plan (HSSIP) 2010/11 to 2014/15 called for a comprehensive strategy for addressing health services including human resources, infrastructure developments, medical products, vaccines and technologies.

Baylor-Uganda partners in the CDC funded Saving Mothers, Giving Life project which focuses on reducing maternal and neonatal mortality by 50% and 30% respectively, in Kabarole, Kamwenge and Kyenjojo districts, by 2017.

“As the Ministry of Health, we recognize the gesture of goodwill by the American people working collaboratively with the people of Uganda to build this new facility. There shouldn’t be any delays at all by medical workers to provide quality and timely services to mothers once they are at the health facility.” Former Minister of Health, Hon. Ruhakana Rugunda at the Commissioning of Kibitto Health Center IV Maternity Block

During the reporting period, cumulative maternal and neonatal mortality reduced by 45% and 60% respectively. Also, management of women with pregnancy complications increased from 5,515 to 6,487; while that of newborns increased from 1,347 to 3,723.

This year, with support from UNICEF and Kabarole local government, a new maternity ward was commissioned at Kibiito HC IV for improved maternal and newborn service delivery. This facility has seen the number of women delivering under a skilled birth attendant more than quadruple.

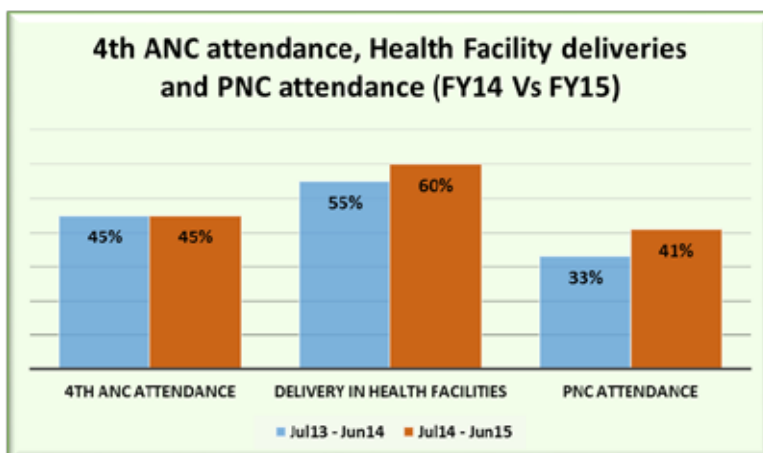


With support from The ELMA Foundation, the project has expanded and equipped three maternity wards at Kyenjojo Hospital, Ntara and Bukuuku HC IVs to include units for intensive care of newborns.

Intervention Outputs

- Re-oriented VHTs in obstetric and newborn care at the community
- Trained and mentored 169 health providers for improved quality of service
- Supported 12,520 mothers with transport through the Boda for Mother voucher
- Transported 3,918 mothers with complications through the ambulance system
- Continued to mobilize communities for health facility deliveries through radio and demand creation meetings

Fig 6: The Impact of SMGL





Not a mother by choice, but I love my baby

At 18 years, Juliet is a mother. She was assaulted by an unknown man and got pregnant. Her baby is now five months old. "It wasn't my choice but again it is a miracle", she says. Juliet was born without breasts and many never thought she would ever get pregnant. "Even myself I was not sure whether I was a complete woman until I started my menstrual periods".

"It was painful but again I thank God that when I started coming for ANC, the health workers were friendly. They encouraged and supported me".

Her main worry though was whether she would be able to breast feed the child. However, with support from Baylor-Uganda's nutrition team, Juliet has been able to access formula

milk for her baby. Dr. Victor, a Paediatrician for Newborns says the baby is in good shape and they will continue offering the support until the baby is weaned.



CAPACITY BUILDING

As part of systems strengthening for partner districts, Baylor-Uganda supports In-service and Pre-service training of health workers, Internship and Continuous Medical Education. Besides specialized training targeting health workers, volunteers such as VHTs are empowered with basic knowledge in nutritional assessments, effective referrals, and home based care for HIV patients.

"Every day additional knowledge and best practices are coming out. Continuous capacity building will enable us do a better job of providing quality health

care." Hon. Richard Rwabuhinga Kabarole District LC V Chairman

In-Service and Pre-Service Training



Some of the students attending lessons

During the year, over 2,000 participants attended workshops covering a wide range of maternal/newborn and HIV/AIDS services. Five hundred ninety seven (597) direct entrants including district staff, hospital staff, medical laboratory and midwifery teaching staff were awarded scholarships to undertake training in midwifery (at certificate level), medical laboratory technology (at diploma and degree levels), medical education (at degree level) and clinical instruction (at higher diploma level). A total of 1,683 students are still in school (597 new, 990 continuing students and 96 referrals/retakes), while 556 have successfully completed their courses of study.

Internship Program

Baylor-Uganda runs an Internship program intended to contribute to the grooming of students, as part of career preparation, by providing them with an opportunity to gain experience and skills in their field of study. The internship is offered to students in tertiary institutions to apply academic learning to actual work experience.

During the year, a total of 51 students were accepted for internship at both the COE and the regional offices. They were placed under Community Health,

Social Work, Reproductive Health, Clinical Care , Nutrition, Procurement, Administration and M & E. The majority of the interns were undergraduates (93%) with internship of at least 2 months at Baylor-Uganda.

Table 1: Internship Placements

Placement	Interns	International	Graduate Trainees	Volunteers
Centre of Excellence	17	3	0	2
Rwenzori Region	21	2	1	0
West Nile Region	2	0	1	0
Eastern Region	2	0	0	0
Total	42	5	2	2



Caring Together

Caring Together is an ambitious 3 year programme, implemented by Baylor-Uganda, supported by Pepal and Janssen Pharmaceutica, and funded by the UK's Comic Relief. It aims to improve the quality of health services delivered to some of the most remote populations in Rwenzori and Eastern regions by strengthening leadership, health worker motivation and accountability. The project addresses the critical leadership gap in health systems strengthening programming and delivery; leverages and strengthens existing district systems for mentoring and information management; and evidence and learning which informs programming, planning and policy making. Caring Together provides a blueprint for integrating leadership into future health system strengthening initiatives.



Positive results from the pilot phase: In 2014, leadership training and support was provided to 15 health facilities in the Eastern Region, reaching over 300 health workers, none of whom had received previous leadership training. Six months later, flow-charts and arrival books had been introduced and staff reported a significant improvement in teamwork. Thirteen health facilities reported increased deliveries. Also, 12 of the 15 facilities reported increased OPD attendance.

During the reporting period, 24 mentors completed a 5 day leadership training; 12 district officials completed a one day executive leadership training, focused on team work, good communication and time management aimed at enhancing their supervisory skills; 57 Baylor-Uganda staff benefited from targeted leadership trainings enabling them to clearly understand leadership from different perspectives.



Staff taking part in the PEPAL Leadership training



District leaders during the training in Eastern region



RESEARCH

In pursuit of her mission as a leading clinical research entity with global impact, Baylor-Uganda has strengthened research collaborations with international institutions of higher learning, international research bodies and multi-lateral research networks.

Baylor-Uganda in accordance with regulatory oversight and guidance by relevant Institutional Review Boards (IRBs), the National Drug Authority (NDA), and the Uganda National Council for Science and Technology (UNCST), has conducted ethical research together with national and international collaborators.

Table 2: Research Studies at Baylor-Uganda

Study Name	Study Objective	Results
CHAPAS-3	Sponsored by the Medical Research Council (MRC) UK, the study looked into the safety and effectiveness of three different drugs used as part of a combination to treat children with HIV in Africa.	Dissemination of results done during the reporting period
The SAMBA (Simple Amplification-Based Assay) study	Sponsored by the Diagnostic Development Unit (DDU) at the University of Cambridge, the study is aimed at assessing the field performance (sensitivity and specificity) of the SAMBA Qualitative Assay against routine DBS-PCR for early diagnosis of HIV-1 in exposed infants is now in the analysis stage. This study sites are Baylor-Uganda and Makerere University-Johns Hopkins University Collaboration (MUJHU).	Participant recruitment and follow-up is complete and a manuscript is being developed. The SAMBA machine used in this study has been developed as a robust, simple, and relatively rapid point-of-care test to distinguish between patients with viral loads above and below 1,000 copies/ml within 90 minutes.
Collaborative African Genomics(CAFGEN)	Collaboration between Baylor College of Medicine, Makerere University, University of Botswana, Baylor-Botswana and Baylor-Uganda started during the reporting period. The overall objective of the study is to create a collaborative, multi-disciplinary, multi-institutional, inter- and intra-country network of African scientists, clinicians, and researchers using genomics approaches to study gene/environment interactions for HIV/AIDS, its co-morbidities, and other diseases among diverse pediatrics African populations.	Ongoing research

GENEFA Study	The importance of pharmacogenetic variation on efavirenz plasma levels and treatment effects in ART-naïve HIV-infected Ugandan children aged 3-12 years is a collaboration between Baylor-Uganda and Karolinska Institute (Sweden). This study aims to prospectively investigate the role of pharmacogenetics on efavirenz plasma levels and treatment outcome in Ugandan HIV-infected children treated with efavirenz, with or without co-administered anti-TB treatment.	Ongoing research
International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT)	Baylor-Uganda together with MUJHU successfully applied for an NIH grant for the creation of Johns Hopkins Kampala Clinical Trials Unit (JHU-Kampala CTU). Under this CTU, Baylor-Uganda was approved by DAIDS as a Clinical Research Site (CRS) in October 2014 and was approved to participate in International Maternal Pediatric Adolescent AIDS Clinical Trials.	Ongoing research
The TB Incidence and Outcomes Study (TITOS)	Funded by NIH provide study description	Ongoing research
The GUMBA study	Being carried out by a PhD student from Cambridge University.	Ongoing research
Cohort Study	This study has been running since 2004	

Staff during a research training session at the COE



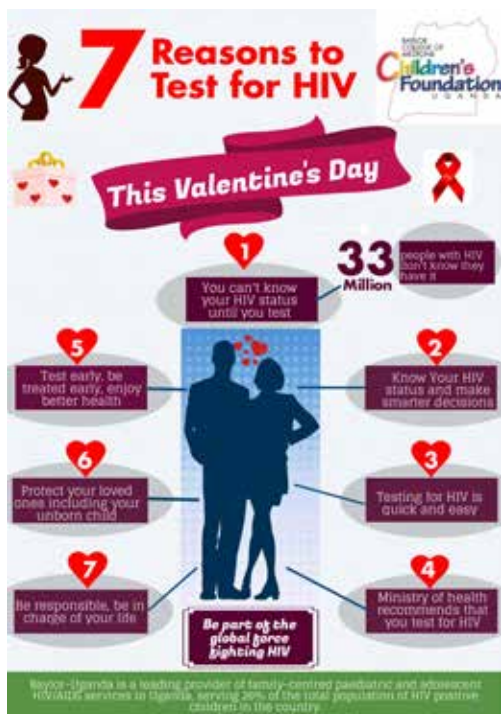
Lead Author	Abstract Title	Conference Title, Venue and Dates	Type(Poster/ Oral)
Michael Owor	A comparison of district performance within the Early Infant Diagnosis Cascade in the Rwenzori Region: A Cohort Analysis	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Cassim Lule	Improving Coverage For Home Based Care Services at Baylor-Uganda COE	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER
Gerald Agaba	Evaluation Of External Quality Assessment Of CD4 Testing in the Baylor-Uganda Supported Regional Laboratories	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER
Emmanuel Mugisa	Use of Mobile Phone Text Messages to Report Weekly PMTCT Data -Successes and Challenges	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER
Barbara Asire	Assessment of Adolescent HIV Care and Treatment Services in Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
E. Kerukhado	Outcomes of Loss to Follow-up- of infants in Early Infant Diagnosis Care; A Case of Pakwach Health Center IV	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER
Ivan Lukabwe	Retention of HIV Infected Children on Treatment in Uganda over 24 months following ART initiation	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER
Moses Galla	Count Down to Zero: A Positive Experience on Elimination of Mother to Child HIV Transmission From a Clinic in Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER
Rita Nankanja	Retention of Clients in High Volume Public Health Facilities Providing ART in Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Moses Galla	Delay in ART Initiation Among HIV-Infected Infants Receiving Care at Baylor-Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Rita Nankanja	Good Records and Data Management Improved HIV Services in a Public Health Facility in Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER
Francis Kanyike	Implementation of Isoniazid Preventive Therapy (IPT) at a Pediatric HIV Clinic in Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Immaculate Nagawa	Anti-Retroviral Therapy and Anaemia Occurrence among HIV Infected Children Attending Baylor-Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014 Also presented at UMLTA as Oral Abstract	ORAL
E. Kerukhado	Improving Antiretroviral Therapy Initiation Among Eligible Pediatric Clients; a Quality Improvement Project in Maracha Hospital Uganda.	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	POSTER

Ruth Atukunda	Improving Pediatric Quality Indicators and Outcomes Through Utilization of Continuous Quality Improvement Committees; Baylor- Uganda Experience	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Irene Namuyige	Reasons For Delayed Disclosure of HIV Status Among Sexually Active Youth Living With HIV/AIDS	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Moses Matovu	HIV Drug Resistance Patterns Among Patients Attending Baylor-Uganda Clinical Center of Excellence	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Paul Tumbu	Antibiotic Prescription Patterns Among HIV Infected Patients With Respiratory Infections in Uganda	National Pediatric Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Jacqueline Balungi	Trends in the proportions of children and adolescents with WHO-4 HIV disease staging at date of first encounter over a 10 year period at a large HIV clinic in Uganda	National Pediatric (NPC) Conference, Hotel Africana Uganda. 22-24th August 2014	ORAL
Bonny Mulindwa	Implementation of Laboratory Quality Management System and Customer Satisfaction with the Laboratory Services at Baylor-Uganda	Uganda Medical Laboratory Technology Association (UMLTA) 12-14th November 2014, Lira Uganda. Also presented at NPC as a Poster	ORAL
Adeodata Kekitiinwa	Acceptability of Lopinavir/r Minitabs (pellets), Tablets and syrups in HIV-Infected Children	Conference on Retroviruses & Opportunistic Infections (CROI) Seattle Washington, USA 23-26 February 2015	ORAL
Victor Tumukunde	Reduction in Neonatal Mortality is feasible: the Fort Portal Regional Referral Hospital NICU experience	Uganda National Maternal & Newborn Conference, Serena Hotel, Uganda 15-17 June 2015	ORAL
Alice Asiimwe	Establishing a Community Maternal Mortality Surveillance System: A pilot project in Western Uganda	Uganda National Maternal & Newborn Conference, Serena Hotel, Uganda 15-17 June 2015	POSTER
Vincent Kamara	Accurate Measurement of Facility Maternal Mortality; the Pregnancy Outcomes Monitoring Survey Methodology	Uganda National Maternal & Newborn Conference, Serena Hotel, Uganda 15-17 June 2015	ORAL
Ronald Kizito	Setting up a motivated VHT System for demand creation and Mortality surveillance - The SMGL experience	Uganda National Maternal & Newborn Conference, Serena Hotel, Uganda 15-17 June 2015	ORAL
Joseph Mukasa	Effect of subsidized transport on the uptake of maternal newborn health services: Experience of the boda for mother voucher in Rwenzori region	Uganda National Maternal & Newborn Conference, Serena Hotel, Uganda 15-17 June 2015	ORAL



President Yoweri Museveni arrives at the Baylor-Uganda stall during the eMTCT launch in Hoima

COMMUNICATION AND ADVOCACY



Increasing service access, promoting informed service choice based on clear information, and supporting interpersonal communication have been the focus areas for communication and advocacy. Baylor-Uganda's communication and advocacy team has jointly worked with partners such as CHC, community theater groups, and media entities to deliver effective messages. During the year, 2,700 spot messages and 56 radio talk shows on Baylor-Uganda supported services were delivered in all the regions, 20,000 IEC disseminated and over 3,000 people reached during theater forums. New information formats such as the use of infographics were used to generate visual statistical key messages shared through the social media platforms of the organization.

HUMAN RESOURCE DEVELOPMENT

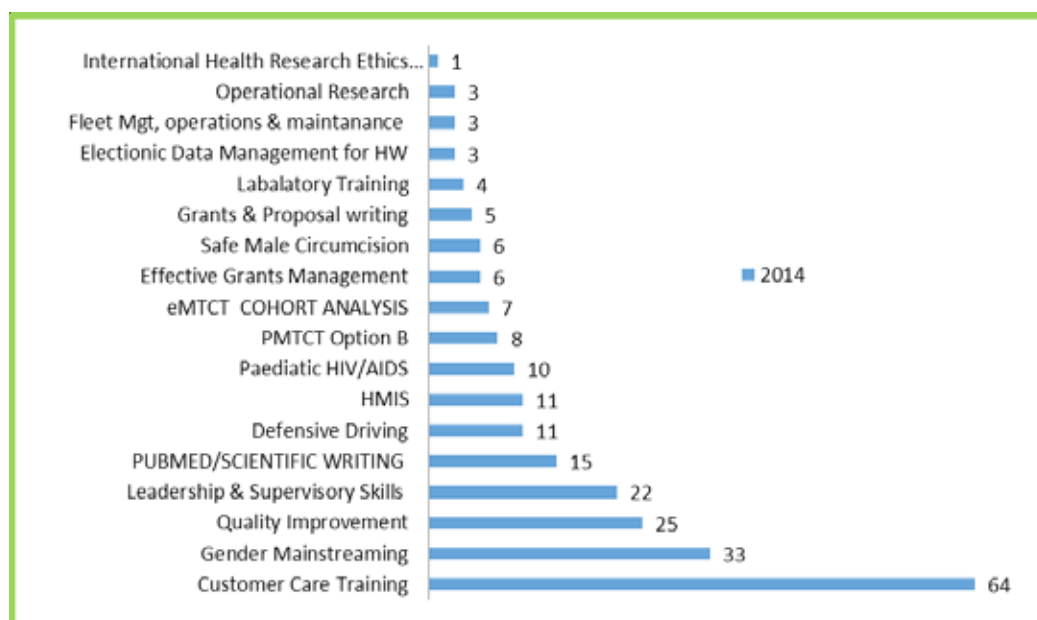
At Baylor-Uganda, we thrive on talent, team cohesion and training for continuous improvement. The human resources team has supported the COE, the regional offices, and whenever invited, the district local governments to meet their human resources needs.

During the year, the HR team in conjunction with staff, have organized team building events including after-work dance classes, evening meetings and staff send-off functions. Team building activities have increased employee motivation, built trust and motivation among the employees; thereby ensuring better productivity.

Two performance cycles have been successfully completed during this reporting period. This has been critical in identifying and addressing employer skills needs; filling the skills gap through recruitment and training; and managing smooth operations.

In the year, we have carried out leadership and supervisory skills training and several other training programs aimed at enhancing the skills and competences of staff. A combined total of 237 Baylor-Uganda and district supported staff were trained in various skills as highlighted below:

Fig 7: Staff Trainings





The chair of the Board Subcommittee on Human Resources and Organisation Development, Dr. Noerine Kaleeba interacting with field staff in Eastern Uganda

In the year 2015 alone, a combined total of 481 Baylor and district supported staff have been trained in various skills and competence building programs.

Baylor-Uganda also supported 5 staff to pursue post graduate courses by offering staff international scholarships under the BIPAI and Baylor Local Scholarship schemes.

Table 4: Staff Study Opportunities

Staff Name	Course of Study	Institution
Elyanu Peter	Master of Public Health - Epidemiology	University of Texas School of Public Health/AITRP
Nabwire Florence	PhD Biological Science	University of Cambridge Scholarship
Sekabira Hilda	Masters of Public Health & PhD	University of Texas School of Public Health/ AITRP
Ssemanda Emmanuel	Master of Social Sciences - Sociology	University College of Dublin/ Irish Aid
Juma Michael	Master of Public Health	University of Texas School of Public Health/AITRP
Byaruhanga Africanus	Master of Business Administration- Finance	ESAMI/Baylor-Uganda

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Baylor-Uganda's Health Systems Strengthening (HSS) component specifically includes CQI to: close the gap between actual performance and achievable practice in **service delivery**; enhance individual performance, satisfaction and retention of the **health workforce**; enhance the development and adoption of **information** systems, improve the appropriate, evidence-based use of limited **medical products and technological resources**; optimize the use of limited resources and reduce the cost of **financial** transactions; and strengthen measurement capacity, stewardship, accountability and transparency in **leadership and governance**.

During the reporting period, training on CQI plans and strategies were conducted for health facility staff and projects established with follow up support supervision. So far, 14 Baylor-Uganda staff and 91 health workers from 70 health facilities have undergone CQI training and initiated 98 projects. These projects have been instrumental in increasing safety in the workplace and minimizing harm and wastage by addressing prescription and dispensing practices, waste management within the clinical areas, data management, and client flow. CQI learning sessions have been held



Labelling client pill tins with their next appointment date is a best practice adopted from the Mugusu Health facility CQI project

at national and regional levels (one session at each level) to provide a forum for site teams that had implemented three to six month CQI projects to share experiences, challenges and changes from their CQI projects. Awards were handed to teams with the best projects.

FINANCIAL STATEMENT

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
Income	Ushs '000	Ushs '000
Grant income	46,745,219	49,857,902
Drug donations	3,297,101	7,055,959
Deferred income realised	5,987,655	2,092,511
Other income	642,101	388,857
Total income	56,672,076	59,395,229
Expenditure		
Medical supplies and patient care costs	14,381,261	17,507,337
Staff costs	18,044,361	15,611,152
Consultancies and training	3,410,062	3,903,398
Administrative costs	23,572,373	27,012,629
Foreign exchange loss / (gains)	(333,661)	68,845
Total expenditure	59,074,396	64,103,361
(Deficit) / Surplus for the year	(2,402,320)	(4,708,132)
Other comprehensive income for the year	-	-
Total comprehensive (deficit) / income for the year	(2,402,320)	(4,708,132)

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

	2015		2014
Income	Ushs '000		Ushs '000
Non-current assets			
Property, plant and equipment	7,020,239	7,504,354	6,774,501
Intangible assets	8,215	17,929	36,697
	7,028,454	7,522,283	6,811,198
Current assets			
Inventories	3,073,880	2,874,778	4,562,800
Amounts due from related parties	147,812	70,837	58,733
Receivables and prepayments	6,420,110	5,713,075	10,383,640
Bank and cash balances	7,904,379	3,464,330	3,930,110
	17,546,181	12,123,020	18,935,283
TOTAL ASSETS	24,574,635	19,645,303	25,746,481
RESERVES AND LIABILITIES			
Reserves			
Accumulated surplus	6,917,969	9,320,289	14,028,421
	6,917,969	9,320,289	14,028,421
Deferred income	11,714,579	8,646,001	6,774,501
Current liabilities			
Trade and other payables	5,942,087	1,679,013	4,943,559
	5,942,087	1,679,013	4,943,559
TOTAL RESERVES AND LIABILITIES	24,574,635	19,645,303	25,746,481

STATEMENT OF CHANGES IN RESERVES FOR THE YEAR ENDED 30 JUNE 2015

	Accumulated surplus Ushs '000
1 July 2013	14,028,421
Total comprehensive income for the year	(4,708,132)
As at 30 June 2014	9,320,289
Total comprehensive deficit for the year	(2,402,320)
At 30 June 2015	6,917,969

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30 JUNE 2015

	2015 Ushs '000	2014 Ushs '000 Restated
Deficit for the year	(2,402,320)	(4,708,132)
<i>Adjustments for;</i>		
Depreciation	1,254,482	1,110,868
Amortization charge	9,714	18,768
Deferred Income realised	(9,284,756)	(2,092,511)
Loss on sale of assets	-	-
Net cash outflow before changes in working capital	(10,422,880)	(5,652,228)
<i>Changes in:</i>		
Stocks	(199,102)	1,688,022
Receivables and prepayments	(707,035)	4,670,565
Trade and other payables	4,263,074	(3,264,546)
Related party balances	(76,975)	(12,104)
Deferred income received	12,353,334	3,964,011
Cash generated from operations	15,633,296	7,045,948
Net cash generated from operating activities	5,210,416	1,393,720
CASH FLOW FROM INVESTING ACTIVITIES		
Purchase of equipment	(770,367)	(1,986,198)
Proceeds from sale of equipment	-	126,698
Net cash used in investing activities	(770,367)	(1,859,500)
(Decrease)/Increase in cash and cash equivalents	4,440,049	(465,780)
Cash and cash equivalents at 1 July	3,464,330	3,930,110
Cash and cash equivalents at 30 June	7,904,379	3,464,330

ACKNOWLEDGEMENTS

- Ministry of Health
- United States Government/PEPFAR/CDC
- Baylor College of Medicine International Paediatric AIDS Initiative
- Texas Children's Hospital
- Baylor College of Medicine
- Bristol Myers-Squibb Foundation
- Clinton Foundation HIV/AIDS Initiative
- PEPAL
- Comic Relief
- UNICEF
- The ELMA Foundation
- Every Mother Counts
- AbbVie
- American Foundation for Children with AIDS
- PACE



ACKNOWLEDGEMENT

Warm greetings! Allow me extend my sincere gratitude to the management and staff of Baylor College of Medicine Children's Foundation Uganda for the outstanding support, care and treatment given to our country's HIV infected and affected children and their families.

From my own experience, I know it's very stressful to deal with children's fears and attitude on a daily basis but BAYLOR staff is always polite and concerned with the children's wellbeing, right from the staff in the Psychosocial department, the Clinical, Laboratory and Pharmacy staff, Management and Administration to the Support Staff. You all deserve very special thanks for your efforts.

In today's world, we often hear the negatives about health and medical system but BAYLOR is crucial each and every day. *How do you thank and recognize someone for saving your health and extending your life?* I believe it's impossible!

Thank you for always being there for the clients, and for making them feel comfortable, safe and positive. I know they take up most of your time leaving you with limited time for yourselves.

I'm thankful that I collaborate with you on your Peer Support Group meetings. Similarly, I'm very grateful that I participated in the ***Power of Hope Camp 2015*** under the theme ***"Transitioning to Adulthood and Self-discovery"***.

While camping, I was able to experience a sense of community and belonging. I learned a lot from everyone there, the friends I made there are invaluable, I had fun, amazing and incredible time, and such a positive camp experience.

I'm very satisfied with all aspects of the camp activities. The theme was well communicated right from day one, and I'm sure all of us will always be carrying very interesting and happy memories of the camp.

It was indeed a great learning and knowledge sharing experience that enhanced everyone's knowledge. Campers were given platform to be active learners, some were eager to share their own personal practices and experiences, and they sometimes even provided alternative points of view.

The camp helped most of us discover more about ourselves and who we are. *I give a multitude of thanks to the organizers, supporters and sponsors of the camp.* God Bless All of You!

I'm sure the recommendations which were drafted by the campers and facilitators are worthy subjects of follow up actions by the relevant BAYLOR offices.

Kiige

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