ANNUAL REPORT | 2009|10

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ACRONYMS

AFCA	American Foundation for Children with AIDS
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
ANECCA	African Network for the Care of Children with AIDS
ARROW	Anti Retroviral Research for Watoto
ART	Anti Retroviral Therapy
BIPAI	Baylor College of Medicine International Paediatric AIDS Initiative
CAP	College of American Pathologists
CDC	Centres for Disease Control and Prevention
CFTC	Canadian Feed the Children
CHAI	Clinton Foundation HIV/AIDS Initiative
CHAMP	Children with HIV and Malaria Project
CHAPAS-3	Children with HIV in Africa- Pharmacokinetics and Acceptability/Adherence of Simple Antiretroviral regimen
CLHA	Children Living with HIV/AIDS
CME	Continuing Medical Education
COE	Centre of Excellence
CRPs	Community Resource Persons
CV	Community Volunteers
DBS	Dry Blood Spot
DHT	District Health Team
EJAF	Elton John Aids Foundation
FDC	Fixed Dose Combination
HAART	Highly Active Anti Retroviral Therapy
HC	Health Centre
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
ITN	Insecticide Treated Net
IDI	Infectious Diseases Institute
JCRC	Joint Clinical Research Centre
KOICA	Korea International Cooperation Agency
KCC	Kampala City Council
KYCS	Know your Child's HIV Status
MJAP	Makerere Mbarara University Joint AIDS Programme
MoH	Ministry of Health
MTC	Mulago Teens Club
MUJHU	Makerere University Johns Hopkins University Collaboration
NEP	National Expansion Programme
NMS	National Medical Stores
NuLife	Food and Nutrition interventions for Uganda
NUMAT	Northern Uganda Malaria, AIDS and Tuberculosis Programme
OVC	Orphans and Vulnerable Children
PAC	Paediatric AIDS Canada
PACE	Programme for Accessible Health, Communication and Education
PEPFAR	President's Emergency Plan for AIDS Relief
PIDC	Paediatric Infectious Diseases Clinic
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PRA/PLA	Participatory Rural Appraisal / Participatory Learning Appraisal
PREFA	Protecting Families against HIV/AIDS
RCOE	Regional Centre of Excellence
RCT	Routine Counselling and Testing
RELATES	Relationship between HIV-1 subtype and antiretroviral response in Ugandan children

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

Our Mission
We are committed to delivering high quality, high impact and highly ethical pediatric and adolescent family centred HIV/AIDS Prevention, Care and Treatment services, Health Professional training and Clinical Research in Uganda.

Welcome to our annual report 2009/2010
Our communication objective for this report is to;

Describe our performance — by communicating our achievements towards program goals, sharing lessons learned and financial position for 2009–10.

Be accountable and transparent — by enabling our funders and governing bodies to determine if we are operating -efficiently.

Inform our clients and stakeholders — by providing an opportunity for members of the public to know what we do, how we do it and be acquainted with our future plans and priorities.

This report is prepared on the basis of the current administrative arrangements of Baylor College of Medicine Children's Foundation -Uganda as of 2009/2010. It reflects the organisation and program as it exists today.

Your feedback is welcome
We welcome your feedback on this report. Let us know if it gives you enough information, helps you to understand our operations like we do and answers your questions, if any.

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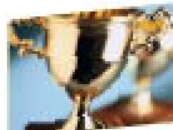
Our Values:

Care

Intergrity


Excellence

Innovation

Team Work

Accountability

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2009/2010 Highlights

1. Visit by Ambassador Eric Goosby, Global AIDS Coordinator with team from PEPFAR September 29th, 2009
2. October 21st , 2009 study team from SA
3. National Pediatric Conference 25-27th November, 2009
4. Annual review and planning workshop Nov 30th-3rd Dec, 2009
5. Power of Hope Camp – October 2009
6. Sanyuka Camp January 2010
7. December 16th to 17th 2010 CDC team technical visit

About us

Who we are and what we do

Baylor College of Medicine Children's Foundation-Uganda is a not-for-profit child health and development organization providing child focused and family centered HIV/AIDS prevention, care and treatment services, health professional training and clinical research in Uganda. It is affiliated to Baylor College of Medicine at Texas Children's Hospital in Houston, Texas USA. BIPAI is working to expand access to paediatric HIV/AIDS services in 11 countries within Africa, North America and Eastern Europe.

Activities under the Baylor-Uganda paediatric HIV/AIDS programme include; HIV primary prevention, positive prevention among HIV-infected persons, basic HIV/AIDS palliative care, provision of ARVs, psychosocial support, OVC services and capacity building for health care providers.

Where we've come from

- **July 2003**; Baylor-Uganda began its operations, offering support to the Paediatric Infectious Diseases Clinic at Mulago Hospital Ward 15, through the department of paediatrics, Makerere University.
- **October 2004**; received a grant from CDC to provide paediatric HIV/AIDS care and treatment at the PIDC.
- **November 2004**; initiated into the BIPAI network.
- **October 2005**; Baylor college of Medicine Children's Foundation-Uganda was registered as a local Non-Governmental organization.
- **2006**; entered into collaboration with UNICEF to provide paediatric HIV/AIDS care and treatment services in Kaberamaido and Kasese districts.
- **September 2007**; received a five year grant from CDC to expand provision and utilization of paediatric HIV/AIDS care and treatment services country wide – in partnership with MoH.
- **October 2008**; the Baylor College of Medicine-Bristol-Myers Squibb Children's Clinical Center of Excellence at Mulago Hospital was officially opened. It is from here that the organization operates today.

Our clients

Close **to 13,000** children are receiving care and treatment under the Baylor-Uganda paediatric HIV/AIDS program. Over **29,000** adults are benefiting from the program mainly in upcountry Ministry of Health facilities.

Our centres

We deliver services across thirty six (36) districts in over eighty (81) Ministry of Health facilities using the two modes of service delivery highlighted below;

- Direct service provision where select existing HIV/AIDS treatment centers are supported through provision of human resource and infrastructural refurbishment/improvement. By June 30th 2010, there were 11 direct service provision sites, i.e. the COE at Mulago Hospital, five Kampala suburb City Council satellite clinics managed in partnership with the family consortium and five Regional Centres of Excellence in Kaberamaido, Kasese and Kitgum.
- Indirect service provision where existing MOH staff are trained and mentored to intergrate pediatric and adolesent HIV/AIDS services into their existing service packages. This reporting period recorded 70 Ministry of Health facilities receiving indirect support from Baylor-Uganda.

Our funders/partners

Baylor-Uganda is funded and supported by the United States Centers for Disease Control and Prevention / PEPFAR, BIPAI, Clinton Foundation, UNICEF, Canadian Feed the Children (CFTC), Ministry of Health, American Foundation for Children with AIDS, the Abbott Fund, Korean International Cooperation Agency (KOICA) and Elton John AIDS Foundation (EJAF).

Foreword

I am pleased to sign off yet another Baylor-Uganda annual report. The activities and achievements described herein demonstrate our continued commitment to providing and increasing access to high quality, high impact and highly ethical pediatric HIV/AIDS prevention, care and treatment services to all who are in need.

I am proud to report that during 2009-2010, we enrolled 4,055 children and 17,878 adults into care, bringing the total number of clients receiving care through the Baylor-Uganda HIV/AIDS programe to 36,739. In essence, we contribute 28% to the total number of children receiving ART countrywide.

We wouldn't be able to achieve this result without the tireless efforts of our staff and the invaluable support of our donors, Board of Directors and implementing partners. The support from the Ministry of Health and District Local Governments has enabled us reach more families than we ever thought we could. Our achievements are a clear indication of the fruits of working within the set Ministry of Health structures; it breeds programme ownership and sustainability.

Our collaboration with the Department of Pediatrics and Child Health of Makerere University School of Medicine has continued to enable us to contribute to pre-service training in the area of infectious diseases and also support sick children in the paediatric emergency ward. Special thanks go to Mulago National Referral Hospital management that has ensured that our work contributes to the overall hospital's strategic plan.

Our priority for the coming year, 2010-2011, will be scaling up comprehensive family based HIV/AIDS care and treatment, with emphasis on health systems strengthening. A lot of emphasis will be placed on HIV Prevention with the aim to increase by 40% the proportion of HIV infected children and adolescents utilizing HIV prevention services. Protecting young people from contracting and passing on HIV should be everyone's priority undertaking; without a strong prevention programme, the good work so many partners are doing will not amount to much.

To our clients we thank you for your continued trust in the services we offer you and it is with this positive approach that we carry forward our work to 2011.

“We wouldn't be able to achieve this result without the tireless efforts of our staff and the invaluable support of our donors, Board of Directors and implementing partners”

Dr. Adeodata Kekitiinwa
Executive Director

Message from the Board

Mr. Michael Mizwa, Chairman

"The Board of Directors congratulates Baylor-Uganda on an outstanding year of accomplishment and looks forward to similar success in the years to come"

On behalf of the Board of Directors, it is with pleasure, that I present the Baylor College of Medicine Children's Foundation-Uganda Annual Report for 2009-2010. Baylor-Uganda is a member of Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) Network, initially established in 1996 and now including programs in Romania, Botswana, Uganda, Lesotho, Swaziland, Malawi, Tanzania, Ethiopia, Mozambique and Libya.

Since 2004, the Baylor-Uganda program has grown continuously, expanding its scope and the number of patients served. In total, over 43,000 patients, throughout the country, benefit from Baylor-Uganda's services. In addition, the Foundation has continued its extensive capacity building programs. A total of more than 1,700 health professionals and community health workers received training in pediatric HIV/AIDS administered by Baylor-Uganda.

During this last year, the organization's capacity was also enhanced by the installation of the BIPAI electronic medical record for documentation of patient data, the implementation of a Balanced Score Card approach to evaluation of organizational performance and an extensive restructuring aimed at aligning investment in Baylor-Uganda employees with the organization's broader strategic plan.

Importantly, the membership of the Board of Directors has been changed to include two new Ugandan members, Dr. Akol Zainab, Programme Manager, STD/AIDS Control Programme, MOH and Dr. Noerine Kaleeba, Consultant, Health and Management of Health Care Services HIV/ AIDS and Human Rights Advocacy.

The Board of Directors takes this opportunity to thank our much valued partners and funders including, in particular, Ugandan Ministry of Health, Mulago Hospital in Kampala, CDC/PEPFAR, UNICEF, Canadian Feed the Children, the Bristol-Myers Squibb Foundation, the Abbott Fund, Baylor-College of Medicine, Texas Children's Hospital, the Clinton Foundation, the American Foundation for Children with AIDS, the Korean International Cooperation Agency and the Elton John AIDS Foundation.

Mr. Michael Mizwa, Chairman
Dr. Philippa Musoke, Vice-Chairman
Dr. Sebastian Wanless, Secretary
Dr. Akol Zainab, Member
Dr. Noerine Kaleeba, Member
Ms. Nancy Calles, Member

BOARD OF DIRECTORS

1. Mr. Michael Mizwa, Chairman
2. Dr. Philippa Musoke, Vice-Chairman
3. Dr. Sebastian Wanless, Secretary
4. Dr. Akol Zainab, Member
5. Dr. Noerine Kaleeba, Member
6. Ms. Nancy Calles, Member
7. Dr. Adeodata Kekitiinwa

GENERAL OVERVIEW

With support from the United States President's Emergency Plan for AIDS Relief (PEPFAR) and Centers for Disease Control and Prevention (CDC), we have continued to work through existing Ministry of Health and district health structures to increase access to paediatric HIV/AIDS care and treatment services. Strategies utilized include; (1) **capacity building** through training of health providers, infrastructure improvement, procurement of equipment and supplies and recruitment and sustenance of human resources; (2) **community mobilization** for paediatric HIV/AIDS testing, treatment and care; (3) **services delivery** through provision of integrated & comprehensive HIV/AIDS/TB family treatment & care services; and (4) establishing mechanisms for project **supervision, monitoring & evaluation**. HIV infected and exposed\children and adolescents are the program's primary beneficiaries.

During this reporting period, 4,055 children and 17,878 adults were enrolled into care at the COE, in the Kampala satellite clinics and in upcountry facilities supported under the National Expansion Programme. This brings the total number of clients in care at all Baylor-Uganda supported health centres to 36,739 with 42% on HAART. Below is a table showing patients in care in all Baylor-Uganda implementation sites as of June 2010.

UNICEF, were maintained under CDC/PEPFAR support. In addition, over 990 health workers and 810 community resource persons were trained to provide Paediatric HIV/AIDS care and treatment services. Out of these, 281 health workers received certificates of competence while the rest are waiting to complete mentorship. Our M&E staff has also continued to work with District HMIS focal persons in 36 districts to mentor and support facility records staff in records, data management, data use and report generation. All the 36 districts now have the capacity to identify and plan for paediatric HIV/AIDS intervention.

Further enhancements to the program over this reporting period include introduction of the Electronic Medical Records (EMR) system at the COE, the involvement of community resource persons in patient tracking and family support, uptake of quality improvement projects and the use of the Balanced Score Card (BSC) in program monitoring and evaluation.

Two new 3-years projects were embarked on in collaboration with Child Fund International. Through the KOICA project, we are working together to improve the quality of life of the children infected and affected by HIV/AIDS through providing quality care and treatment

Indicator	By 30 June 2010			Total
	COE	Other Direct	NEP	
Newly Enrolled in care	762	4,624	16,547	21,933
Children newly Enrolled	714	828	2,513	4,055
Total Active in care	4,474	11,980	20,285	36,739
Children active in care	3,867	2,910	4,929	11,706
Total Started ART	597	1,628	4,840	7,065
Children Started ART	560	543	921	2,024
Total Active on ART	3,203	5,062	7,065	15,330
Children active on ART	2,711	1,503	1,721	5,935

Over the last year, the programme has continued to grow both in scale and scope. Thirty two new sites were supported to integrate paediatric HIV/AIDS care and treatment management making a cumulative total of 81 MOH facilities in 36 districts. Regional Centres of Excellence in Kaberamaido, Kitgum and Kasese, formerly supported through our collaboration with

in the eastern districts of Busia, Kiryandongo, Kitgum and Agago.
So far, we have managed to integrate HCT for the general population at HC 111 level, where previously testing existed for PMTCT only. Elton John AIDS Foundation supports similar activities in Kaberamaido district.

HIV PREVENTION

Currently, at all our supported centres, HIV prevention is being addressed through two broad areas namely; sexual prevention and other prevention. These broad areas are comprised of different prevention strategies such as HIV Counseling and Testing (HCT), promoting Abstinence, Be Faithful and Condom use (ABC strategy), and Prevention of Mother To Child Transmission (PMTCT) through Early Infant Diagnosis. Implementation of these strategies involves staff, community resource persons and clients at various levels and in different settings, and is aimed at reducing the risk of HIV infection and further transmission.

A Baylor-Uganda counselor engaging children at an orphanage in a group discussion on HIV/AIDS before testing

HIV Counseling and Testing

Counselling and testing is conducted onsite, at the COE and other supported health facilities, and during outreaches in dwelling places for orphans and other vulnerable children such as orphanages.

A mix of HCT delivery models comprising of early infant diagnosis (EID), voluntary counseling and testing (VCT), provider initiated routine testing and counseling (RTC); and home based HIV counseling and testing (HBHCT) is used to reach out to the various populations in need of these services. The primary target is children, adolescents and their families. The main goal of HCT is to link positive individuals to palliative care services and provide those that are negative with information regarding prevention.

During 2009/2010, over 150,000 adults and children received counseling and testing services at Baylor-Uganda program implementation centres giving a total of 8,398 (5.4%) HIV positive individuals.

Protecting young people from contracting and passing on HIV is unquestionably one of our most important undertakings. Our prevention goal is to increase by 40% the proportion of HIV infected children and adolescents utilizing HIV prevention services

The table below shows the number of people tested through the various HCT models.

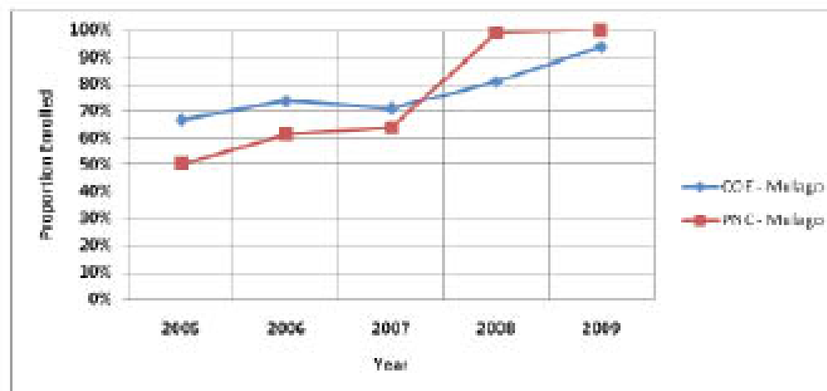
Testing Mode	Children			Adults			Overall		
	Number	HIV+	HIV rate	Number	HIV+	HIV rate	Number	HIV+	HIV rate
KYCHS	8,212	197	2.4%	2066	61	3.0%	10,278	258	2.5%
Outreaches	21,736	271	1.2%	33,527	968	2.9%	55,263	1,239	2.2%
VCT	8,914	656	7.4%	18,568	1,621	8.7%	27,482	2,277	8.3%
RCT	23,730	1,142	4.8%	38,085	3,482	9.1%	61,815	4,624	7.5%
PMTCT program	190	4	2.1%	6,755	320	4.7%	6,945	324	4.7%
Total	62,592	2,266	3.6%	92,246	6,132	6.6%	154,838	8,398	5.4%
DBS / DNAPCR	3,569	290	8.1%				3,569	290	8.1%

Early Infant Diagnosis (EID): DNA PCR testing

In order to prevent and reduce infection in infants, PMTCT and Early Infant Diagnosis are key. In all health facilities supported by Baylor-Uganda, services for screening new borns to HIV positive mothers and managing HIV in pregnant women are available. For infants less than two years old, the Dry Blood Spot (DBS)/ DNA PCR test is used to ascertain the presence of the HIV virus in the blood stream.

Within this reporting period, 17,365 infants received DNA PCR testing. Of the 13,041 returned results, 1,278(9.8%) were positive. The long turnaround time (~60 days) for DNA-PCR results is still the biggest challenge to EID especially in the NEP sites. Of all the DNA PCR tests done, 4324 results had not been returned by March 31st, 2010. Together with the district authorities and other partners, we are tirelessly working to find a lasting and sustainable solution to the challenge. So far, we have supported districts with funds to transport samples and results between the health facilities and the regional laboratories weekly. Since the inception of EID in 2007, there has been tremendous improvement in linking infants into care as shown below.

Proportion of Infants testing HIV+ linked into Care at COE and PNC Mulago



Know Your Child's HIV Status (KYCS) Campaigns

In an effort to identify more infected children, **"Know Your Child Status"** **(KYCS)** campaigns were conducted at several health facilities providing adult HIV care and treatment. The campaigns target children of HIV infected adults already in HIV care clinics. Below are the results of the campaigns conducted between July 2009 and June 2010. All the children and adults who tested HIV positive were immediately enrolled into care at Baylor-Uganda or referred to health facilities of their choice.

Summary results of KYCS campaign July 2009 – June 2010

Site / Partner	Children			Adults		
	# tested	HIV+	Prevalence	# tested	HIV+	Prevalence
IDI	251	15	6.0%	9	1	11.1%
MJAP	69	12	17.4%	9	0	0.0%
TASO Kanyanya	32	4	12.5%	19	3	15.8%
Kampala KCC clinics	1,768	30	1.7%	798	96	12.0%
NEP sites (32)	10,090	258	2.6%	5,764	479	8.3%
Total	**12,210**	**319**	**2.6%**	**6,599**	**579**	**8.8%**

Promoting the ABC strategy (Abstinence, Be faithful, and Condoms use)

In addition to counseling and testing, health education and sensitization sessions on the ABC strategy are passed on to clients receiving care at our centres. This is mainly done through the monthly peer support groups. Baylor– Uganda prevention strategy indentifies and groups clients into seven peer support groups comprising of;

1. Kids club for 10-12 year olds
2. Sharp club for 13-15 year olds
3. Bright club for 16-18 year olds
4. Youth club for 19 - 24 year olds
5. Teen mothers' club
6. Caretakers' club
7. Adolescent caretakers' club.

Group specific messages are crafted and passed on regarding abstinence and delay of sexual debut among those not yet sexually active, and reducing multiple sexual partners, increasing condom use and promoting prevention of mother-to child transmission among the sexually active. Messages are given to groups not exceeding 25 people. Emphasis is further put on the need to change behavior that might transmit HIV to others and lead to acquiring other sexually transmitted infections (STIs). Those who have initiated sexual activity, are given information regarding returning to abstinence and using condoms as a primary strategy for prevention of re-infection.

During the peer support meetings conducted in this reporting period, 115 children and adolescents aged 9 – 15 years received health education messages on AB. Fifty of these children also attended a two day Power of Hope camp held in October 2009 where these messages were reinforced. In order to boost the program, fifty nine (59) adolescent peer educators were trained and supported to disseminate these messages. In addition 32 districts were supported to conduct monthly radio programs to promote AB activities.

Under Other Prevention, use of condoms is emphasized to promote safer sex practices among the already sexually active. All Baylor-Uganda supported centres are supplied with condoms for distribution to those who require them. During 2009/2010, 59 youths, 345 community resource persons and 117 health facility staff were trained in positive prevention making a total of 521 individuals.

Health Education

To reinforce all the above strategies, health education sessions are held, especially during antenatal visits, to discuss topics such as testing of infants and infant feeding options. Partners/couples are also given counseling regarding disclosure, discordance and the importance of preventing re-infection. At such visits, sexually active clients are also screened and treated for sexually transmitted infections which would otherwise increase their chances of infecting others and getting re-infected.

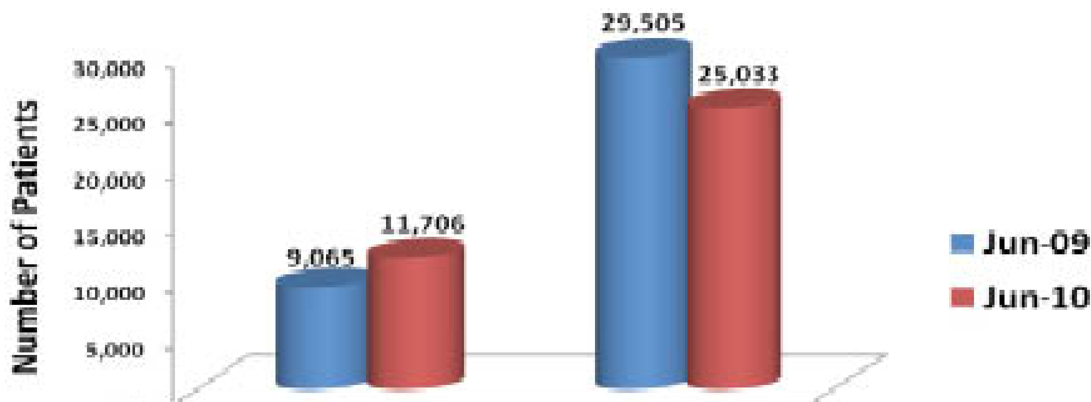
Sexual Reproductive Health services

This year, a total of 738 individuals received reproductive health services comprised mainly of family planning and screening for both STIs and cervical cancer. Of those screened, eleven individuals tested positive for STIs while forty four were suspected to have cervical cancer and were referred for further confirmatory testing.

CARE AND TREATMENT

Basic Palliative Health Care

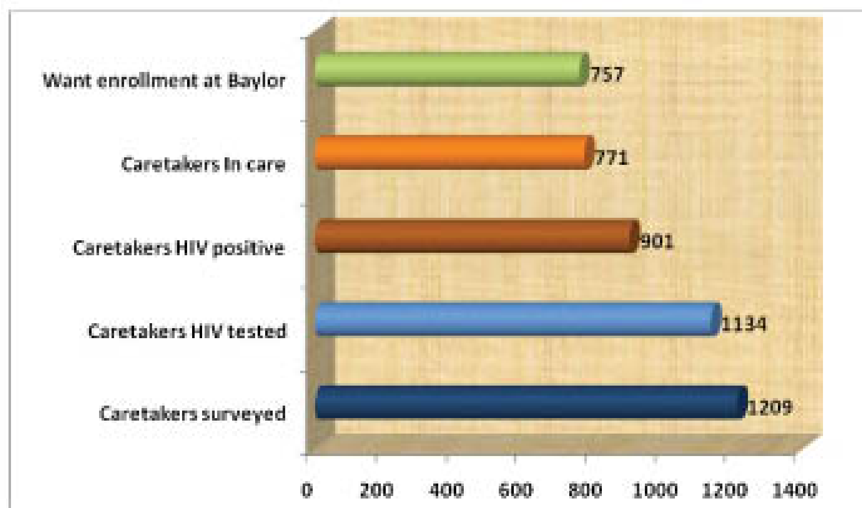
The program provided palliative/basic health care and supportive services to 36,739 HIV infected individuals including 11,706 (32%) children. Since June 2009,35 new sites were initiated into providing high **quality, high impact and highly ethical pediatric HIV/AIDS care and treatment services in Uganda** ; making it a total of 68 from 36 districts. These patients were provided with cotrimoxazole and other OI drugs as well as basic care kit including ITNs and safe water vessels. 21,933 newly identified HIV+ individuals (4,055 children) were enrolled into care.



Over the year, the number of children in care increased by 30% from 9,065 to 11,706. The number of adults

however dropped due to emergence of adult care service givers in Eastern Uganda (STAR-E and STAR-EC).

From a caretakers' survey done at the COE, with an aim to determine the number of adult caretakers not in care, it was observed that many needed to be enrolled, as shown in the graph below:



Of the 1209 caretakers interviewed at the clinic, 1134 (94%) had ever tested for HIV with 901 (79%) revealing that they were HIV+. Out of the HIV+ caretakers, 771 were enrolled in care at various facilities across Kampala but 757 (84%) expressed desire to be enrolled at Baylor-Uganda COE. Also of the 130 HIV+ caretakers who were not in care 109 (84%) desired to be enrolled at the COE.

Tuberculosis / HIV co-infection diagnosis and treatment

Tuberculosis (TB) diagnosis and treatment remained a significant component of our palliative care services. All children diagnosed HIV+ at the COE were screened for TB with Purified Protein Derivative (PPD). A total of 986 PPD tests were carried out over the period but 212 (22%) did not return for PPD reading in the specified time. Out of the 774 who returned for reading, 133 (17%) had a positive PPD and were screened further with CXR's.

PPD testing Results July 2009 to June 2010

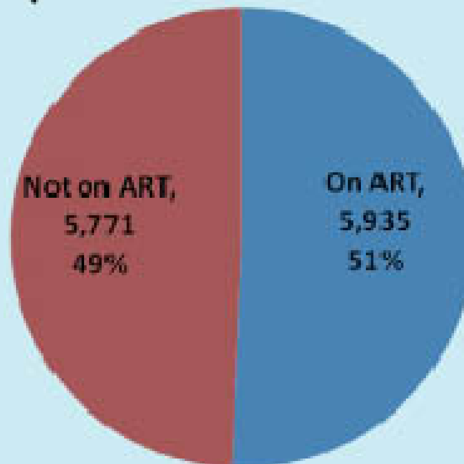
PPD reading (mm)	# of samples	Percentage	# of patients	Percentage
0 - 4	624	63%	601	64%
5 - 9	17	2%	16	2%
10+	133	13%	128	14%
Not read	212	22%	200	21%
Total	**986**	**100%**	**945**	**100%**

Sputum induction and chest x-rays were performed to support TB diagnosis in children attending COE and in the Kampala and rural satellite clinics. 783 patients (263 children) were treated for active TB treatment by end of November (240 from direct sites and 543 from indirect sites).

A senior radiologist consultant continued to conduct weekly consultations and also carried out continuing medical education (CME) sessions for clinical staff at the COE. Eleven mentorship radiology sessions were held.

ARV SERVICES

In this reporting period, Clinton Foundation supported Baylor-Uganda with ARV drugs worth $............. while Pediatric AIDS Canada in conjunction with American Foundation for AIDS continued their ARV support for 300 children, worth $........ More support for ARV drugs came from Global Fund (through Ministry of Health). Baylor-Uganda maintains a 3-month buffer stock of ARVs and Cotrimoxazole. Medicines for opportunistic infections were largely funded by PEPFAR through CDC, with the remaining portion being supplied by Mulago Hospital.



CREATING BEST PRACTICES IN PHARMACEUTICAL PRACTICE

The pharmacy team at the COE has been known to set the pace in excellent and innovative pharmaceutical practice among a number of projects. This year was no exception. The team embarked on a quality improvement project that has largely contributed to error reduction and created a best practice that we believe other pharmacies can emulate. The project is a three step process as explained below;

1. Prescription filling is done at 3 levels

In each prescription processing stage, clinician instructions and dispensing activities are screened extensively for errors before the prescription is passed over to the next processing stage.

a. Sanctioning the prescription: A pharmacy technician reviews the electronic prescription for completeness and accuracy, quantifies the number of pills required and completes the electronic dispensing component. He/she then forwards the printed prescription to the next person in the chain.

b. The second technician reviews the printed prescription and obtains and counts off drugs in the quantities indicated on the prescription.

c. The last technician, stationed at the dispensing window, receives the filled prescription and calls out the client/care giver. He/she assesses the understanding of the client/caregiver and gives out dispensed medicines after adequate counseling of the client.

2. Error detection by the pharmacist

Prescriptions are reviewed by the pharmacist the following day and any dispensing & prescribing errors observed are documented and rectified, clients whose prescriptions have critical(life threatening) or major errors are called back or tracked by the home health team, and the error rectified.

3. Planning for pharmaceutical commodities

The EMR system is being utilized to provide accurate patient-consumption data for pharmaceutical commodities dispensed out. Such data has been very useful enabling more efficient forecasting and quantification of pharmaceutical commodities.

In addition to the above innovation, there have been many other new developments in the pharmacy. Some of these are mentioned below;

1. Syrup formulations were phased out and now all children less than 25kg on 1st line treatment are receiving paediatric tablet fixed dose combinations.
2. There has been a shift from the use of branded TDF/FTC (Truvada 300/300) to the less costly therapeutically generic equivalent of TDF/3TC (300/300mg).
3. All adults and adolescents have now been phased off from Stavudine based regimen (such as Triomune 30 and lamivir-S 30) to Zidovudine (AZT) and Tenofovir (TDF) based regimens.

In order to improve adherence for adolescents in school, we adopted the use of the once daily TDF/FTC/EFV (300/200/600mg) fixed dose tablets.

Activities carried out by the pharmacy do not stop at provision of ARVs, TB drugs and medication for opportunistic infections, they also include systems strengthening and capacity building both at the COE and all other supported health facilities. Noteworthy achievements in these areas include;

- Training of 101 health workers from northern and north central regions in health commodity logistics management.
- Significant improvement in completion and timely submission of end of cycle ART reports by the supported district health facilities; 51 out 81 facilities (63%) were reporting in time as compared to 6/32 facilities (19%) at the start of the NEP project.
- A research proposal on adherence to and storage for Kaletra has been written and is awaiting review and approval from the research unit.
- Refurbishment of pharmacy and drug storage facilities at Kitebi, Kawempe, Post Natal Clinic-Mulago, Mulago Hospital-Bulk store and Kitgum Hospital.

We look forward to;

- Reduction in patient waiting time through technology enabled innovation e.g. improved efficiency in electronic prescription handling by automating the electronic prescription to auto compute doses based on total daily dose and treatment duration.
- Improved reporting by supported health facilities to ensure improved supplies from NMS to the supported health facilities.
- Linkage to funding agencies for improved access and support for medicines for opportunistic infections.

LABORATORY INFRASTRUCTURE DEVELOPMENT AND CAPACITY BUILDING

With support from PEPFAR/CDC, we supported laboratory infrastructure and capacity building in several laboratories in our districts of operation. Between July 2009 and June 2010, three Chemistry analysers to support full chemistry tests were purchased for Kitgum Hospital, Kilembe Mines Hospital and Kaberamaido HCIV.

One BD FACS Culibar and a Beckman AcT 5 diff Coulter were also procured to support CD4/CD8 testing and haematology respectively in Kitgum hospital. Through support from the incoming CHAPAS-3 Trial, we have also been able to procure a Thermo-Scientific -80 Freezer and Freezer works laboratory information management system for sample inventory at the COE.

Some of the equipment supplied to the laboratories

In addition to equipment supply, Kilembe Mines Hospital and Pallisa district hospital laboratories were this year refurbished into spacious state of the art laboratories enabling them to function with better efficiency and effectiveness. Together with the equipment supplied, these laboratories are now able to run a wider variety of tests including Renal Function Tests(RFT), Liver Function Tests(LFT), Lipid Profile and Hormone assays, without the congestion that inevitably leads to contamination of samples and hence inaccurate results.

At the COE, a continuous quality improvement plan in line with all the quality essentials have been developed to ensure that quality work is done at all times. In the next financial year 2010/2011, we are working towards receiving the College of American Pathologists **(CAP)** accreditation and international certification for our laboratory at the COE.

We are also working towards sustainability by developing capacity to attract more local and international research activities. These will help build our infrastructure and ability to perform to world class standards.

Pallisa Laboratory before and after refurbishment

Kilembe Mines hospital Laboratory after refurbishment

QUALITY ASSURANCE

HIVQUAL Indicators

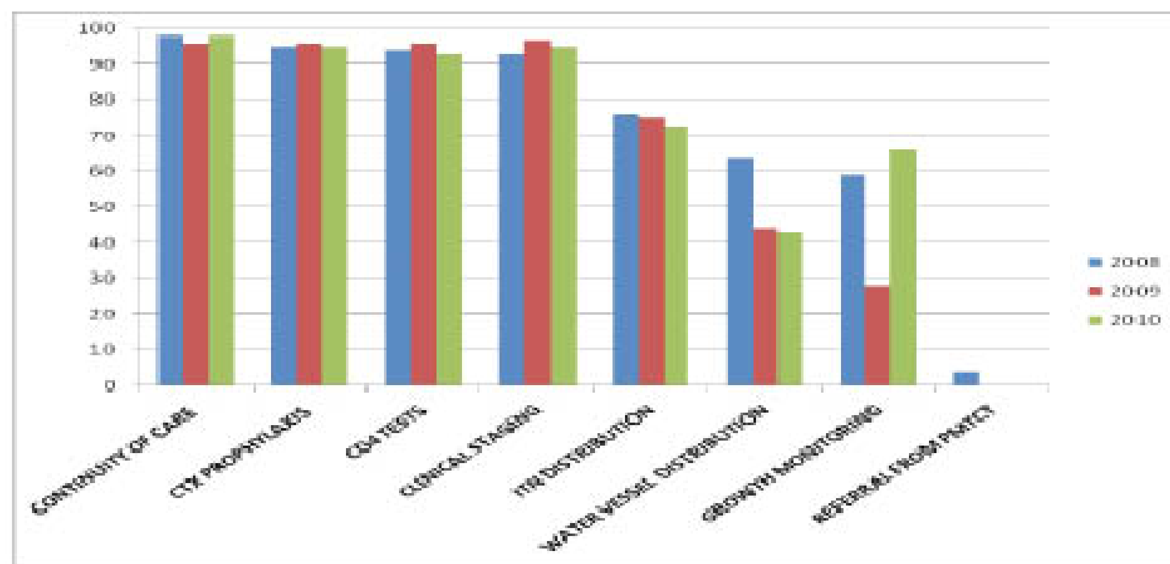
The HIV/AIDS Quality of care (HIVQUAL) program has continued with successful follow up of assessments of quality improvement issues identified and projects formulated after the baseline survey. This year, ninety members of staff were trained in HIVQUAL by trainers from both Baylor-Uganda and MOH/CDC.

Performance on QI indicators by site

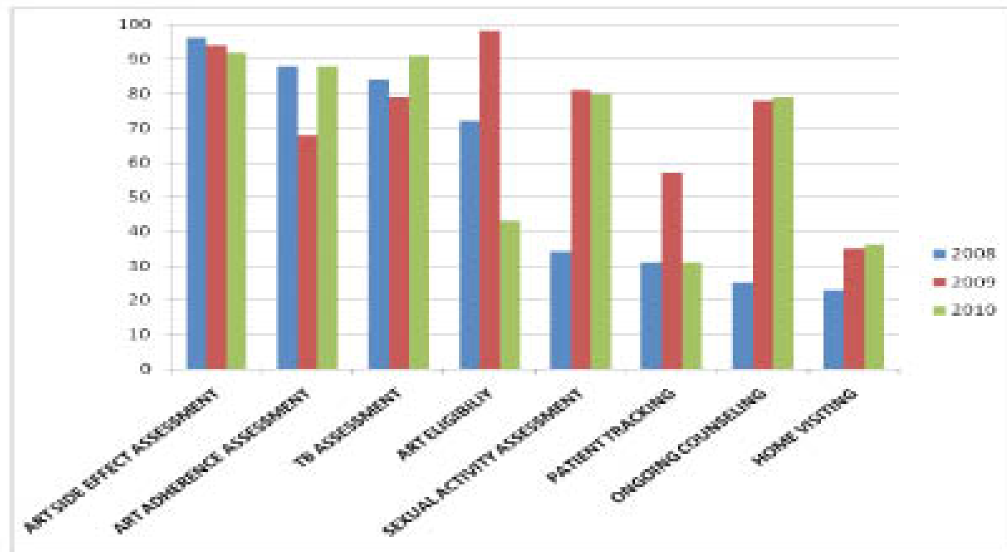
QI Indicator	COE Mulago		PNC Mulago		Kawempe HC		Kiswa HC		Kitebi HC		Kiruddu HC	
	Jun-09	Dec-09	Jun-09	Dec-09	Jun-09	Dec-09	Jun-09	Dec-09	Jun-09	Dec-09	Jun-09	Dec-09
Continuity of Care	97%	98%	100%	100%	98%	100%	93%	99%	97%	77%	100%	97%
CD4 Monitoring	96%	93%	89%	88%	97%	92%	89%	93%	88%	95%	94%	91%
Growth Monitoring	28%	66%	91%	85%	50%	0%	31%	28%	71%	44%	97%	92%
Cotrim Prophylaxis	97%	95%	100%	99%	100%	96%	94%	96%	97%	92%	100%	99%
Malaria Prevention	75%	73%	96%	78%	100%	91%	73%	18%	72%	82%	93%	94%
TB Assessment	74%	91%	94%	95%	100%	100%	75%	81%	96%	94%	83%	99%
PMTCT Referral	0%*	0%	97%	91%	7%	100%	14%	38%	12%	13%	13%	8%
ART Access	88%	43%	70%	87%	65%	75%	69%	73%	50%	50%	46%	42%
ART Adherence Assessment	68%	88%	90%	100%	100%	100%	98%	98%	97%	84%	87%	95%

*Yellow highlights show where there was tremendous improvement while Red shows where there was a decline.

Comparison of performance on QI Indicators for 2008/2009 to 2009/2010 at the COE



Comparison of performance on QI Indicators for 2008/2009 to 2009/2010 at the COE



Apart from growth monitoring, ITN and water vessels access, there was improvement in all the other indicators. The challenge was noted to be in plotting weight in the growth chart to monitor the trend; this is being addressed.

ORPHANS AND OTHER VULNERABLE CHILDREN (OVC) SERVICES

The HIV status of all children treated at our clinic and other supported centres make them vulnerable. In fact most of them are orphaned with 56% having lost at least one parent and 35% having lost both. These children, including their HIV negative siblings within the same families are marginalized and require support to live with dignity. Unfortunately with limited resources, we can only cater for a few; those deemed most vulnerable.
Services provided under this programe are based on four building blocks i.e. sustaining livelihoods, linking essential social sectors, strengthening legal and policy frameworks and enhancing the capacity to deliver.

Sustaining Livelihoods

This building block encompasses socio-economic security, food security and nutrition and care and support.

Socio-economic security

In a bid to improve the socio-economic security of the clients we cater for and their families, we engage a part time craftsman to guide adolescents in

making handcrafts as they wait to receive care. These crafts once sold earn some income, 40% of which goes back into raw materials and the rest contributes to their wellbeing. Additionally, some adolescents who are identified as responsible and hardworking are engaged in voluntary work at the COE in Mulago and in the satellite clinics in Kampala. During 2009-2010, five adolescents were engaged and earned a small stipend. In the same period, three hundred and eighteen (318) most needy families were assisted with transport reimbursement to and from the clinic.

Food security and nutrition (get photos of the training from Apo)

In partnership with Canadian Feed the Children (CFTC) a total of 8794 children both at COE and six satellite clinics received snacks as they waited for care. Families of 50 children were visited to further understand their nutrition problems in the context of their living conditions. Consequently they were provided additional family food rations. In 2010/2011 additional 50 food insecure families shall be provided with monthly food rations, nutrition education and sensitization on alternative strategies to improve food security in all facilities.
In order to increase the level of knowledge in nutrition care amongst care givers and children, a total of 160 nutrition education sessions were held reaching 8792 caregivers and children. Further still, 1432 unique individuals were reached with education messages through individual nutrition education and counseling sessions by the nutritionist.

Care and support

In addition we have been able to provide care devices including wheel chairs and crutches to five clients with disabilities. We also put 6 needy and homeless children in foster care facilities has and provided short-term packages in form of clothes and blankets to 350 children and adolescents.

Linking Essential Social Sectors

In collaboration with friends and well wishers of the organization, thirty secondary school students and two tertiary students were supported with school fees and scholastic materials. Fifteen OVC were linked to vocational skills training and are being facilitated with scholastic materials. School- based monitoring is regularly conducted to ensure that they progress well through school.

Also various psychosocial support activities were undertaken including ongoing clinical, spiritual and mental health counseling and peer support group meetings for adolescents, youth and caretakers at the COE, satellites and regional Hospitals. Two annual camps (Sanyuka and Power of Hope) for adolescents and youth and a sports gala were organized and held as platforms for recreation, talent development and social interaction. Close to 600 (six hundred) OVC participated in these activities this year. Baylor-Uganda, in partnership with the Association of Hole in the Wall Camps and AIDS Foundation Houston, will continue providing recreational camp opportunities for HIV- infected children and adolescents in care.

During this period we put a lot of effort towards creating a child friendly clinic environment at the COE and in the satellite clinics. At the COE, play therapists were available daily to guide the children through play and fun learning sessions as they waited to be examined and treated. We also supplied toys and other play materials to twenty seven (27) of the ministry of health facilities supported under the National Expansion program. These play therapy sessions are vital in stimulating child play and interaction during clinic visits.

Strengthening Legal and Policy Frameworks

In order to strengthen the legal and policy frameworks within which the organization operates, Baylor-Uganda continues to work with police, probation officers, local council authorities and child rights and advocacy organizations like ANPCANN. In the year 2009/2010, three neglected and abandoned children identified by the Baylor-Uganda team were successfully placed in alternative care institutions as a result of this collaboration.

Enhancing the Capacity to deliver

Capacity to deliver OVC specific services has been enhanced through employment of two social workers, counselors, one fulltime and four part time play therapists. Some members of staff (Counselors and Home Health workers) were trained in positive prevention and further oriented into the OVC programming in order to strengthen their capacity to implement the program.

COMMUNITY SUPPORT PROGRAMME

The Community Support Programme, formerly the Home Health Program (HHP), is aimed at retaining children enrolled in care by working closely with community structures to provide Home Based care and support to the families with children exposed and living with HIV/ AIDS. The main objectives of the restructured program are to: achieve enhanced treatment and appointment adherence, reduce stigma through household testing and health education, and support improved patient outcomes through follow up on reported psychosocial issues and critical laboratory results.

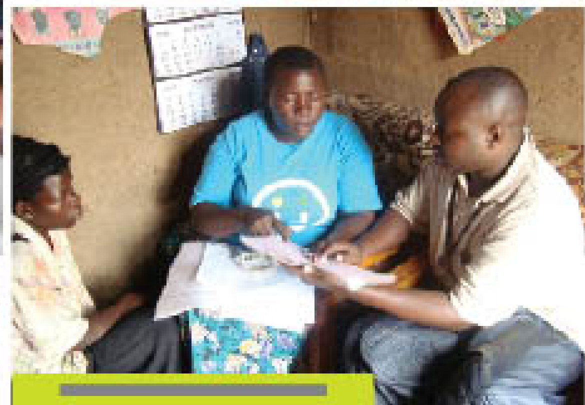
As part of our efforts to achieve these objectives and support the Ministry of Health in expanding Paediatric HIV care nationwide, 948 Community Resource Persons (CRPs), 761 in upcountry sites and 187 in Kampala, from 28 sites were trained to facilitate continuum of care through Community Home Based care. Of those trained, 605 were under the National Expansion Program, 40 under Elton John AIDS Foundation project and 156 under the KOICA fund in partnership with Child Fund International.

Kampala is unique in that it has a full-fledged team of home health workers responsible for the follow up of clients and their families to provide routine home based care and track those missing appointments or are in need of special attention such as children testing HIV positive after their first DBS (Dry Blood Spot) test.

The last one year has seen a marked increase in the number of households visited for home based care in Kampala, Mpigi, Wakiso and Mukono districts. A total of 19,001 home visits to clients from the COE and the Kampala satellite clinics were made and 143 positive dry blood spots were followed up

As expected there have been some factors that have enabled successful implementation of the program. Regular mentorship and support supervision of the CRPs has enabled them to perform their duties with more confidence hence yielding better results as regards number of households reached and follow up for Home Based Care. In addition, mapping of clients by location and attachment to particular CRPs has made provision of Home Based Care easier and more organized leading to improvement in the referral system i.e. from the community to the health facility and vice versa.

However, there have also been some challenges that have hindered programe success in some areas. In most cases, the community volunteers expect high rewards for the services they render posing a big threat to programe sustainability. In addition, getting correct contact details from clients is a challenge creating problems during follow up.



The challenges withstanding, we have a lot to look forward to during 2010/2011;

- Strengthening the referral system, by developing a community referral form to be used by volunteers so that the clinic can keep track of the issues for which a client is being referred.
- Conducting refresher trainings for staff and community volunteers on the new developments in HIV/AIDS care and support.
- Strengthening the defaulter tracking system for the regional centres of excellence in Soroti, Kasese and Kitgum.
- Strengthening the community home-based care programmes in selected National expansion sites.

NUTRITION SUPPORT

The nutrition unit continues to spearhead implementation of nutrition care and support activities for all clients at the COE and in the satellite clinics. This year, various interventions aimed at improving food security and nutrition related behaviors among clients were carried out with very positive results.

Among these interventions was the supplementary feeding program comprising of provision of both on site feeding and individual take home dry rations for every client made possible through support from CDC and CFTC. A total of 22,763 clients received a nutritious mid morning and afternoon snack during clinic visits while 21,824 cumulatively benefited from the individual take home rations both at COE and in the six satellite clinics.

In addition, four monthly family food rations comprising of sugar, rice, beans and cooking oil were this year provided to the fifty most insecure client households through support from CFTC. This increased food availability in these households consequently leading to better adherence to ART and reducing intra-household sharing of therapeutic feeds given to malnourished clients. As part of an exit strategy from the rations and in an effort to improve micronutrient and fiber intake among our clients, we piloted kitchen gardening among fifty households in Makindye division.

Individual nutrition education and counseling has continued to be an integral part of the program. In 2009/2010, 2309 sessions were conducted both at the COE and in the satellite clinics. In addition, 1,087 group sessions were conducted as clients waited to receive other services in these clinics. Topics addressed included: Infant and young child feeding in the context of HIV, good feeding practices, nutrition management of HIV related symptoms, and appropriate preparation of complementary feeds.

Emphasis was put on food enrichment using local foods such as silver-fish (**'mukene'**) powder and groundnut paste (**'kipoli'**).

Through support from NuLife, we were able to access the 'magical' ready to use therapeutic feed –**plumpy'nut/ RUTAFA** from NuLife, for outpatient management of non-complicated malnutrition among children, adolescents and even adults. A total of 303 clients were enrolled on the Outpatient Therapeutic Care (OTC) program. Out of these, ninety six (96) were successfully cured of malnutrition. As a result of increased vigilance in case finding among clinicians, the number of clients that need to be enrolled on the outpatient therapeutic feeding program have continued to increase.

The emergency feeds program was implemented this year with support from CFTC. So far, 162 clients have benefited from the program. Appropriate specialized feeds were distributed to three categories of clients:

i. Lactose intolerant children below 6 months from poor households
ii. Children below 6 months with good appetite

but malnourished due to inadequate supply of replacement milk
iii. Malnourished children who were unable to tolerate **plumpy'nut/RUTAFA** developing diarrhea and vomiting.

To further understand the nutrition needs of our clients, a baseline nutrition survey was conducted in all directly supported health facilities. About 1,297 clients were interviewed on various nutrition aspects including food availability, nutrition education and hygiene. The findings, combined with those from an evaluation carried out by a Makerere University School of Public Health (MUSPH) - CDC fellow have been useful in providing insight into how our nutrition interventions can be improved to best meet client needs.

Distribution of clients by food group consumed in last 24 hours

Food groups eaten by clients			Number of food groups eaten		
Category	**Frequency**	**Percent**	**Category**	**Frequency**	**Percent**
Cereals	668	52%	Less than 6	820	63%
Roots and Tubers	601	46%			
Legumes	512	39%			
Animal Foods	279	22%	6 and above	477	37%
Vegetables	530	41%			
Fruits	423	33%			
Fats and Oils	590	45%	**Grand Total**	**1,297**	**100%**
Drinks	1,278	99%			
Sugars	776	60%			
Wheat Products	394	30%			

The table above shows the distribution of households by the number of food groups eaten in a day. Unfortunately only 37% reported that they eat more than 6 food groups in a day. Majority (99%) of the carers reported that they drink water with 60% and 52% consuming sugar containing foodstuffs and cereals more than once a day respectively.

Regarding knowledge levels, just over 50% of the clients were knowledgeable about feeding options for HIV+ children and exposed infants. Up to 24% of the clients did not know that HIV+ children require special nutrition attention. A similar proportion did not know when an HIV+ mother should stop breast feeding despite up to 88% of the respondents being female.

In a bid to decentralize nutrition services to the Kampala satellite clinics and other Baylor-Uganda supported centers outside the COE, a two day training on **nutrition care and support for children infected or exposed to HIV** was conducted for staff from these clinics. This was followed by one week's internship at the COE for hands on experience in delivery of various nutrition interventions.

In 2010/2011, we look forward to more active and vigorous case finding for malnutrition, scale up and integration of nutrition activities into the NEP, increasing the number of families practicing kitchen gardening to 100 and piloting crop production using improved farm inputs among thirty families in Kasese district.

HEALTH PROFESSIONAL TRAINING

Baylor-Uganda has over the years continued to offer the unique three-pronged training approach comprising of **Phase 1**: didactic/classroom training, **Phase 2**: clinical placement or on-site mentorship to improve systems that facilitate identification, enrollment and initiation of children on HARRT, and **Phase 3**: actual services provision in terms of enrollment of children into treatment & care. The approach is aimed at strengthening pre-service training in paediatric HIV/AIDS care and treatment and enhancing in-service skills building and continuing medical education for health professionals involved in paediatric HIV/AIDS care and treatment.
This year, sixty nine (69) didactic trainings were conducted as indicated in the table below.

Didactic Training by type

Type of Training	Number of trainings	Number of people Trained
Community Training for Community Volunteers	20	725
Computer Training	3	57
Infant Feeding for Community Volunteers	3	95
Dry Blood Spot	9	151
Early Infant Diagnosis TOT	2	67
Good Clinical Practice	1	35
Infant Feeding and Young Child Feeding in Context of HIV/AIDS	1	30
ARV Logistics Management	3	101
Out Patient Therapeutic Care	1	9
Paediatric HIV Counseling	5	136
Paediatric HIV/AIDS training for Health Professionals	11	377
PMTCT For Health Workers	2	67
PMTCT for Community Volunteers	1	40
Positive Prevention	2	59
Quality Improvement	3	61
Routine Counseling and Testing	2	60

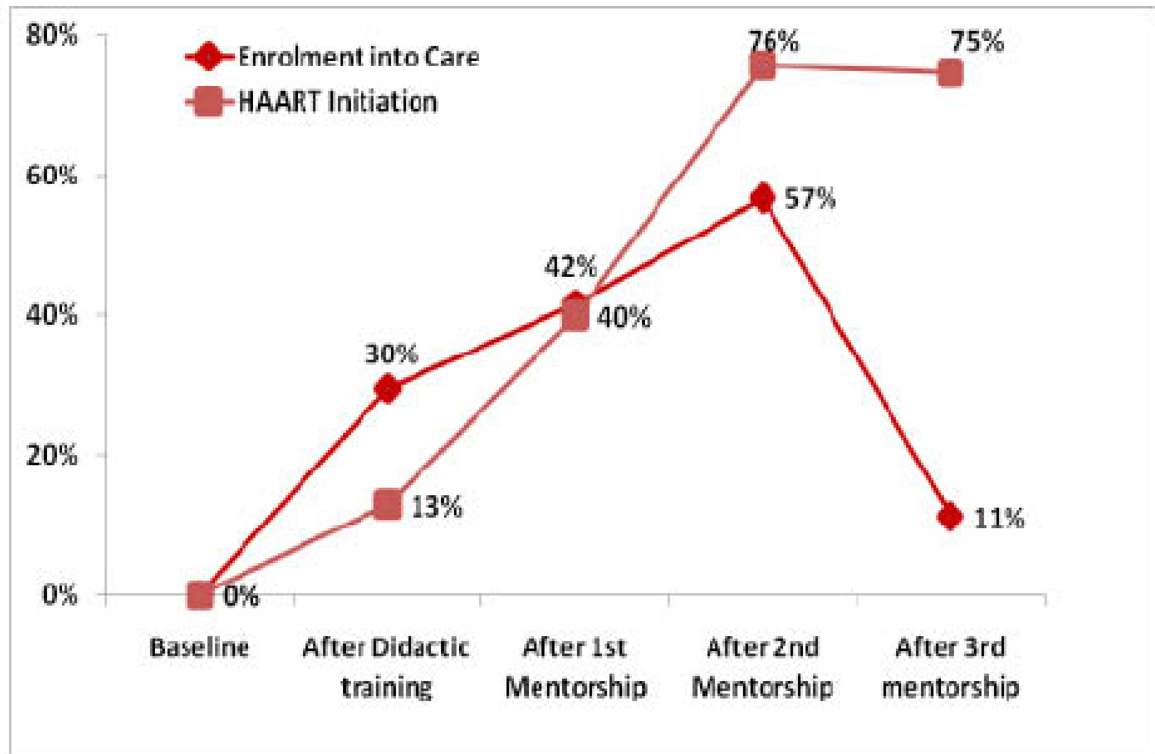
Clinical attachments

Sixty seven health professionals from various agencies and institutions were hosted at the Baylor-Uganda COE for practical experience in delivery of paediatric HIV/AIDS care and treatment services. They included medical doctors, clinical officers, nurses, counselors, dispensers and laboratory staff as well as undergraduate and post graduate students from Uganda and abroad.

On-site mentorship

Eight regional teams, each under the leadership of a pediatrician (Regional Coordinator), conducted on-site mentorship visits in upcountry NEP sites. Weekly visits were conducted by staff from the COE to satellite clinics in Kampala to work alongside the host health workers. A total of 265 health care providers were mentored during the year.

Impact of Mentorship on Rate of enrollment into Paediatric HIV care and HAART Initiation



The figure above shows that didactic training significantly increases rate of enrolment of paediatric HIV+ patients but not HAART initiation, while mentorship visits significantly increase enrolment on HAART especially after the second visit.

Certificates of competence are awarded on completion of all the 3 phases of training. The trainings considered are the 10-day Paediatric HIV/AIDS Counseling course and the 5-day Paediatric HIV/AIDS training for health professionals.

Type of training	Awarded	Pending
Paediatric HIV/AIDS for the health professional	231	428
Paediatric HIV counseling	110	117
TOTAL	**341**	**545**

NOTE: The pending certificates are to be awarded in the first quarter of the next financial year.

What we look forward to in the next financial year

- Empowering regional centers of excellence to act as sites for clinical placement for health workers post training
- Building capacity in the districts to train, mentor and supervise paediatric HIV/AIDS services
- Certification of the National Curriculum for Training Health Professionals in Paediatric HIV/AIDS Care by the Ministry of Health. This document was initiated by Baylor-Uganda and developed with the support of the Ministry of Health, Makerere College of Health Sciences Department of Paediatrics and Child Health, Mildmay – Uganda, Joint Clinical Research Centre, Elizabeth Glaser Paediatric AIDS Foundation, among others.
- Developing a monitoring and evaluation framework for clinical mentorship, and the training department as a whole
- Supporting the Ministry of Health in developing a National Mentorship Framework and standardization of HIV training curricular
- Rolling out training of health workers in TB/HIV management
- Conducting courses that are charged, hence generating income within the department
- Strengthening HIV/AIDS care through comprehensive trainings

The ARROW Trial and the Cohort studies continue follow up with the longest attending study participants at week 165 and 291 respectively. The trial has undertaken new randomizations to stop or continue cotrimoxazole and once verses twice daily Abacavir + Lamivudine which when completed are hoped to further improve adherence

RESEARCH

of children to their life-long ART. The cohort study is now assembling an infant cohort starting HAART as per the current Uganda Ministry of Health and WHO guidelines. Sixty nine infants have been enrolled thus far. The Adolescent intervention study has completed the first phase of developing the pilot intervention tailored to the needs of YPLH in Uganda and will proceed to evaluate the intervention among them.

Completed Students Research

A number of students undertook research at the Baylor-Uganda COE

Name (Award)	Title of Thesis
Betty K. Nsangi **(PhD)**	**Evaluation of the T-Spot TB Test in the Diagnosis of Latent Tuberculosis Infection in HIV-Infected Children in Uganda**
Vincent Tukei **(MPH)**	**HIV-Associated Malignancies Among Children Attending The Baylor Clinic In Kampala, Uganda**
Sheila Katureebe **(MPH)**	**Association between Anthropometric Status and Dietary Diversity Of Complementary Feeding among Infants born to HIV-Infected Mothers in Uganda**
Apophia Karen Kyampaire **(Fellowship)**	**Formative Evaluation of Nutrition care and Support Interventions for children Exposed to and Infected with HIV and AIDS at Baylor-Uganda**

Upcoming Studies

CHAPAS 3 Trial (**C**hildren with **H**IV in Africa -**P**harmacokinetics **A**dherence/**A**cceptability of **S**imple Antiretroviral regimens) will soon start at the COE and the JCRC in Uganda, and at University Teaching Hospital in Zambia. This trial aims to compare the pharmacokinetics, toxicity, acceptability, adherence, virological efficacy and cost-effectiveness of three first-line antiretroviral regimens. Both previously untreated (ART naïve) and experienced (who have already been receiving stavudine based regimens) children aged one month to thirteen years with undetectable viral load will be recruited.
A total of 420 children (140 per site)will be recruited over a period of eighteen months and followed for a minimum of ninety six weeks

Systems strengthening in the Research

A research policy to guide investigators intending to carry out research at Baylor-Uganda was finalized and approved by the Board of Directors. A Research Agenda into which stakeholders are expected to input has also been drafted.

Follow up Documentary

A sequel to the "**Living with Slim: Kids talk about HIV/AIDS" documentary** originally produced in 2004 was produced this year with six of the original seven featured children. The film highlights the impact/effect antiretroviral therapy has had on their lives and shows that they truly can **live to achieve their dreams. (Is it possible to get cover picture of the documentary?)**

Client Satisfaction Survey

A total of 837 clients were interviewed at nine Baylor-Uganda sites. Over 90% of the clients from seven of the nine surveyed facilities rated the medical treatment received there as the best. Rating at the remaining two sites was at

89% and 77%. For the COE where a similar survey had been done in the previous year, there has been an increase in clients' satisfaction from 94% to 96%.

Clients who would recommend supported facilities to other clients

Facility	Number interviewed	Would you recommend this clinic to your HIV positive friends with similar needs?	
		Number	Percentage
Mulago COE	405	400	99%
Mulago PNC	51	50	98%
Kawempe HC IV	59	58	98%
Kiswa HC III	59	59	100%
Kiruddu HC IV	59	57	97%
Kitebi HC IV	49	48	98%
Kaberamaido HC IV	49	49	100%
Kilembe Hospital	45	45	100%
Kitgum Hospital	45	45	100%
Total	**821**	**811**	**99%**

More than 97% of the clients across the sites reported that they would recommend the facilities to their friends. This has shown a significant increase from 90% in the previous year.

Our workforce is the fundamental contributor to the quality of services we deliver. During 2009-2010, we undertook a restructuring and organizational development exercise aimed at aligning our investment in our people with our broader strategic plan. The exercise was also intended to provide direction on how to develop our workforce

ORGANIZATIONAL DEVELOPMENT AND WORKPLACE CAPABILITY

capability and organizational environment while achieving high levels of efficiency and cost effectiveness.

To ensure that the process is professional and effective, we contracted PILA (Partners in Learning and Action) a consultancy firm with vast experience in organizational development to spearhead the exercise.

The key steps involved in the process were;

- **Review of our strategic foundation;** the mandate, vision, mission, core values and customer proposition to ensure that they reflect our core purpose of existence
- **Competence profiling** from which a factor plan was developed as a yard stick to evaluate all jobs and establish internal equity and the relative worth of each job
- **Functional analysis** which comprised of a stake holder analysis for all departments and units. From this, workflow maps were developed and used as the basis to determine the contribution of each department to the organization's strategic foundation.

A number of fundamental changes have resulted from the restructuring process. A new general organogram has been drawn with smaller more specific ones for the directorates, formerly referred to as departments. New directorates and departments have been created and some merged. The department of finance is now the Directorate of Finance and ICT. The Research and Advocacy & communications units have been merged into one department while the training department now moves to the directorate of Strategy and Development.

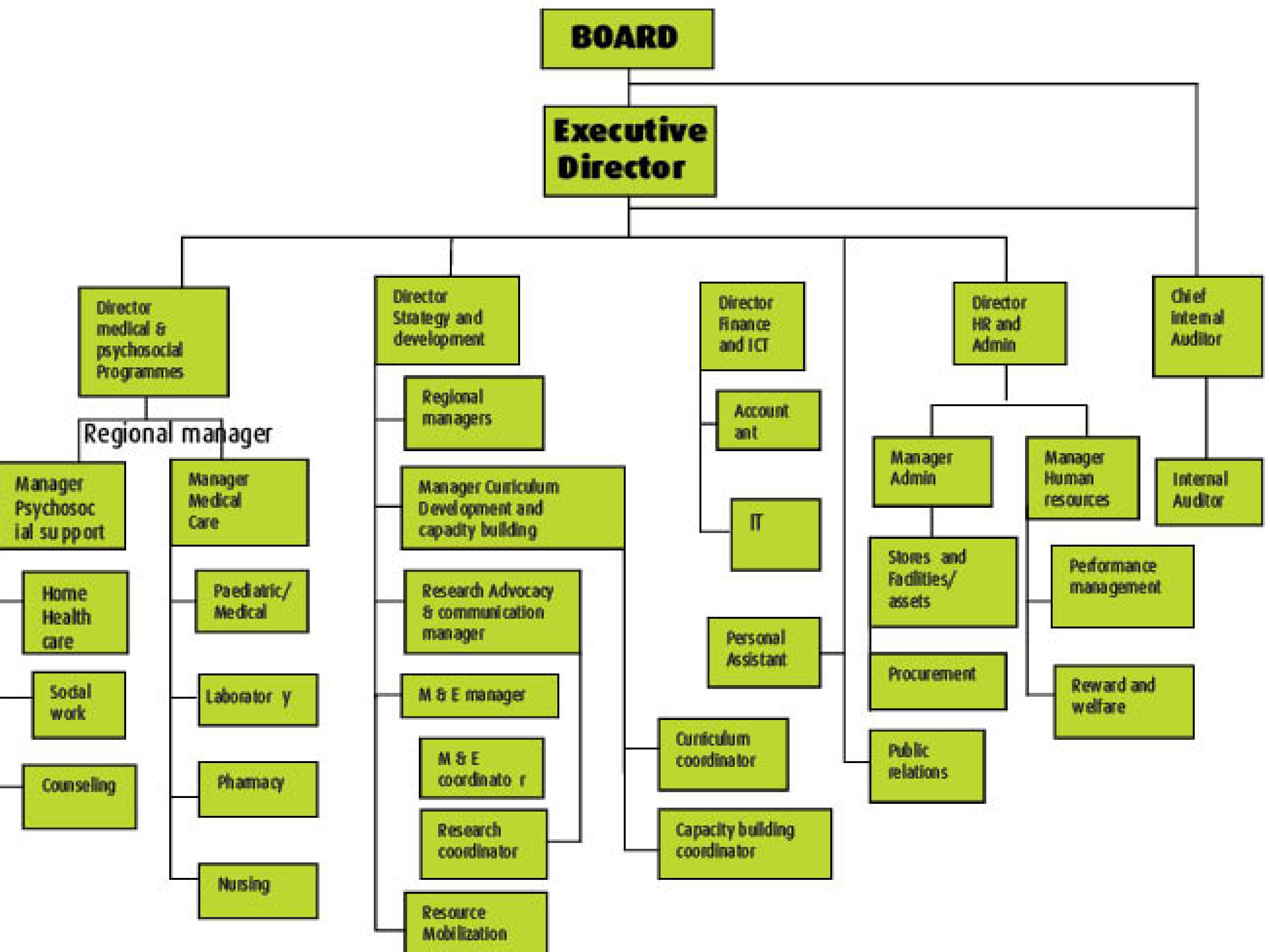
A directorate of internal audit has been created to help embed the audit function into the organization's programs and activities. The Human resource and Administration units were also merged to form the Directorate of Human resource and Administration.

A job evaluation and grading exercise was also conducted from which seven grades and a new salary structure based on external relativity has been developed.

Current Human Resource grades

Job Grade	Grade Title	Number of Positions
E	Executive Director	1
1	Directors	5
2	Managers	11
3	Coordinator	12
4	Officer	21
5	Technician	11
6	Specialist Support	6
7	Out sourced services	

The New Organogram



Building capacity to deliver

Excellence in client service relies on workforce sustainability and professional development. We continue to boost staff efficiency and effectiveness through capacity development, skills building and talent development .To increase productivity at individual and department level, a performance based management system was introduced as part of the restructuring process.

As a strategy for staff retention and motivation, we have created development opportunities to improve performance and encourage professional growth. In addition to the training for senior and middle managers in performance based management, several other staff trainings have been held and supported by the organization. One hundred and ninety four (194) staff were trained in fifteen client service delivery related courses while sixty eight received training in thirteen administrative courses.

Promotions

- Dr. Barbara Asire to satellites coordinator
- Dr. Leonard Senyonjo to regional coordinator - Kasese
- Dr. Rosemary Mutonyi to regional coordinator

Completed BCM scholarship programs

- Dr. Tukei Vincent
- Dr. Moorine Sekadde

In addition to providing training opportunities, some hard working staff were given promotions where as the longest serving twenty seven were recognized and rewarded for their dedication and commitment during a team building session on December 11, 2009.

Attracting and retaining staff (can we put in background the photos of new staff?)

As a sign of our organisation's commitment to increasing access to and delivering high quality services to the HIV infected families in Uganda, our workforce has continued to increase. Within this period, we have recruited forty four (44) full-time staff. While some of these replaced staff that had left, most have filled vacancies created by expansion of services and the onslaught of new programs and projects such as KOICA and Elton John AIDS Foundation.

The temporary contract/locum program was phased out this year hence losing all part time workers. In addition, the seven regional coordinators that previously supported our work in the National Expansion program were also relieved of their duties. A good number of staff also left for further studies to further develop their careers.

KOICA FUNDED PROJECT

Improving care for children infected and affected with HIV/AIDS in Uganda

In September 2009, Baylor-Uganda in partnership with Child Fund International received funds from KOICA to improve quality of and increase accessibility to HIV/AIDS care and treatment services in the four districts of Busia, Kitgum, Masindi and Pader. The aim of the project under the collaboration is to provide continuum of care to families infected with HIV/AIDS through outreaches approach. These outreaches are conducted jointly by health facility staff and community resource persons, who provide paediatric HIV/AIDS care and treatment and PMTCT services at community level.

Below is a summary of the project implementation progress as per the set objectives.

Activity	Progress to date
Objective 1: To increase uptake of PMTCT services by pregnant women in the project areas by 2013	
Start up Workshops	• 3 startup workshops were conducted in Busia, Kitgum and Pader. • 125 participants attended
Facilitate HIV testing for all mothers attending ANC both during the outreaches and facility based PMTCT.	• 772 mothers have been tested • 41 mothers have been enrolled on PMTCT
Procurement of Test Kits	160 units were procured and distributed amongst the 8 health facilities
Train 80 local medical and Child Fund staff in supervising HIV/AIDS services in order to enhance quality and effectiveness.	23 participants, including DHOs, District HIV Focal persons, Health Facility managers, HSD representatives, Baylor staff and Child fund Project Officers have been trained in support supervision of HIV/AIDS services.
Train health workers at lower health centres in PMTCT with focus on their role in attracting mothers to these services	38 health workers have been trained
Objective 2: To reduce the number of children presenting with HIV opportunistic infections by 2013	
Facilitate transportation of samples for DNA PCR. (**Children below 18 months need a specialized test to establish their HIV status**).	• 41 samples taken • 8 exposed children identified and referred into care
Facilitate the "Know your child HIV status campaign" on a quarterly basis in all health facilities, to mobilize parents and caregivers to bring their children for HIV testing and subsequently care and treatment where appropriate.	• 8 KYCS campaigns have been conducted • 2414 people tested • 1336 children tested • 16 DBS samples collected
Train 160 Community resource persons in prevention of mother to child transmission.	157 CORPs have been trained
Develop and Adopt HIV referral protocols and process and guidelines.	• A tool for CORPs was developed and the MOH HMIS referral form 032 will be reproduced for use by the health facility staff.

Activity	Progress to date
Procure and distribute basic care package (ITNs,Septrin,Water vessel, water purifiers)	• 1174 ITNS, water vessels, water purifiers, 25 units of Septrin were procured • A request for 160 units of Septrin was submitted to cater for all the health facilities, since 25 units were not enough.
Objective 3: To strengthen infrastructural, logistics and human resource capacity to provide comprehensive HIV/AIDS prevention, care, treatment and support services	
Procure data management and improvement equipment/ materials for 8 health facilities	• Data tools were delivered to 6 health facilities. These included Pre-ART registers, Patient cards, EID Register, Exposed Infants cards, DBS dispatch book, EID brochures. • Health Facility staff were also trained in HIV care records and data management to be able to effectively use the data tools • Equipment for data collection and storage are in the process of being procured. These include: Filing cabinets, Spring files, box files, Exercise books, Punching machine.
Monitoring and Evaluation	
Midterm project evaluation (Stakeholder review meetings)	4 district review meetings were held

- All the health facilities have started general HIV care clinics once a week.
- Kiryandongo Hospital conducts mobile clinics to cater for those clients in care who would not otherwise make it to the hospital because of long distances. These are done in Mutunda, Diima, Karuma and Karungu HC IIIs. 70 new clients have been enrolled in care since June 2010.

ELTON JOHN AIDS FOUNDATION (EJAF)

Still in collaboration with Child Fund International, we were awarded a grant from the Elton John AIDS Foundation to improve care for children infected and affected by HIV in Kaberamaido District, Uganda. This project is also aimed at enhancing community based HIV/AIDS prevention and care for children through improved access to PMTCT, community mobilization and strengthened capacities and structures.

Below is the project implementation progress as per the set objectives

Activities	Actual output
OBJECTIVE 1: Prevent mother-to-child transmission of HIV through appropriate services to 80 per cent of Women in need of PMTCT in two sub counties of Alwa and Kaberamaido in Kaberamaido district by 2011.	
Training of community resource persons on PMTCT	40 CORPS have been trained
Undertake VCT and Routine Counseling testing	• 963 people including pregnant mothers tested • 189 mothers enrolled on PMTCT
Procurement of HIV testing kits	48 units were procured
Train local health facility staff	26 health workers have been trained
Objective 2: **OBJECTIVE 2: Provide Paediatric HIV care and treatment to 80 per cent of children in need in the two sub counties of Alwa and Kaberamaido of Kaberamaido district by 2011.**	
Undertake community outreaches	1007 people tested
Develop and adopt HIV referral protocols	Development of protocols is ongoing
Distribution of basic care packages	• 154 – Nets • 139 – Water vessels • 500 – Purifiers • 70 units - Septrin (@ unit contains 1000 tablets)
OBJECTIVE 3: Strengthening infrastructural, logistics and human resource capacity for HIV and AIDS prevention, care and treatment of two health facilities in the two sub counties of Alwa and Kaberamaido by 2013.	
Undertake capacity assessment of the health facilities	Site assessment and planning was conducted for Alwa HC III and Kaberamaido HC IV

UNICEF SUPPORT

"Improving Access and Delivery of Paediatric HIV/AIDS Care and Treatment Services in Eastern, Northern and Western Uganda"

Baylor-Uganda continued to support 3 upcountry RCOE in Kaberamaido, Kitgum, Kasese with the UNICEF support worth $.............. The main beneficiaries of the program are children, adolescents and their families including the local communities in the region.
The program implementation includes:

- HIV counseling and testing (facility based RCT and community based CBHCT)
- Care and treatment of the clients,
- Laboratory services and
- Trainings of health professionals.

Community sensitization for HCT
In Kitgum, Baylor-Uganda supported community volunteers' meetings where information on basic facts on HIV/AIDS, modes of transmission and prevention was given with focus on paediatric issues such as PMTCT and early infant diagnosis.

In Kasese, sensitization was done through local FM radio programs in order to increase awareness and create demand for paediatric HIV/AIDS. Two community volunteers' review meetings were held one in Kilembe and another in Bwera. Two interactive radio talk shows were held. Spot messages were run on two local FM radio stations, three times daily in two local languages (Rukonjo and Rutooro).

Community Based HIV Counseling and Testing (CBHCT)
This activity was intended to offer HIV counseling and testing services to children in families affected and/or infected with HIV/AIDS and to promote HIV prevention through the HIV family testing concept. It was also meant to improve linkage of HIV positive patients and exposed children to care and treatment. **24661** individuals were tested with 971(3.9%) diagnosed positive and linked into care.

Facility Based Routine Counseling and Testing (RCT
Baylor-Uganda/UNICEF collaboration has continued to support RCT in Kitgum, Kilembe Mines and Bwera Hospitals as well as in lower level health facilities: Kasese Town Council HCIII, Katadoba HCIII, Rukooki HCIII, Katwe HCIII and Bishop Masereka HCIII. This was through supplying buffer stocks HIV test kits and support supervision. HIV positive patients were referred from HCT and PMTCT sites to the chronic care clinic by the RCT volunteers.

HIV Care and Treatment services
The project supported HIV care and treatment services in Kitgum Hospital and in 3 HCIII (Palabek Kal, Omiyanyima and Mucwini) in Kitgum and Lamwo districts. Services included provision of OI drugs and ARV as well as general patient care. Mobile HIV and AIDS care services were initiated to take services close to the communities that have left the Internally Displaced People's (IDP) Camps. In Kasese, services were provided at 2 static clinics: Kilembe Mines Bwera hospitals) while in Soroti area, services were supported at Kaberamaido HCIV and Lwala Hospitals. The total number of patients active in care at these RCOE was 8,282, children comprising 20.6% (exposed children inclusive).

Support Supervision/Mentorship

All facilities supported received mentorship / support supervisions visits on a weekly basis. Mentoring sessions were provided to all the various cadres of staff in the ART clinic and laboratory i.e. counselors, clinicians, triage team, dispensing team, laboratory staff and counselors. Use of MOH follow-up and data collection tools was. Support supervision was also conducted to lower level health units involved in RCT.

Achievements through UNICEF Support

- **Chronic care outreaches (Mobile clinics)** in partnership with TASO and Kasese Cobalt Company have been improved to mirror chronic care and data capture services provided at the partner hospitals of Bwera and Kilembe Mines. The sites are Karusandara HCIII, Katwe HCIII, Mubuku Community Hall, Hamukungu Fishing village, Kahendero Fishing Village Hall, Rwesande HCIV, Kasenyi HCII, Manna Rescue Home (an orphanage) and Katholhu HCII (fishing village).
- **Early infant Diagnosis program** is now strong and health workers are able to actively look for children. This has been strengthened by the new follow-up and data capturing tools introduced by the ministry of health. DBS are collected daily and transported to Laboratory centres on a weekly basis and T**urnaround time** for DBS results has greatly improved to only 3 weeks.
- **Home visiting and follow-up programs**: This is done by health workers and community volunteers, whereby community follow up to assess readiness for ART and ART initiation are done for the many children who would otherwise have failed to attend the 3 Pre ART counseling sessions due to Psychosocial barriers. Community volunteers have also played a big role in following up children especially those on ART and strengthening adherence.
- **Drugs and Supplies:** Supported facilities have not experienced stock outs of ARVs or OI drugs in the last year.
- **Records/Data management**: The region has continued to have improved data capture systems conforming to MOH report formats and sharing of data with our host district and hospital management.

In keeping with our commitment to increasing access to paediatric HIV/AIDS care and treatment, Advocacy, communication and Social Mobilization (ACSM) has continued to be one of the key strategies of our programe.

ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION

In 2009/2010, Baylor-Uganda was one of the main sponsors of the 3rd Annual National Paediatric HIV/AIDS Scientific conference, a brain child of the National subcommittee on paediatric HIV/AIDS. The conference is organized in collaboration with the Ministry of Health, Ministry of Gender, Labour and Social development and other key stakeholders such as MUJHU, EGPAF, JCRC, World Vision and World Health Organization (WHO).

Objectives of the conference include;

1. Providing a platform for profiling ongoing research, dissemination of existing studies, best practices and lessons learnt on leveraging paediatric HIV scale-up to strengthen the right of HIV positive children to prevention, treatment and care.
2. Promoting multi-disciplinary dialogue and collaboration among stakeholders to facilitate advances in the prevention, diagnosis, and treatment of paediatric HIV&AIDS
3. Influencing key policy makers and donors, to increase commitment to prevention, care and treatment of HIV&AIDS in children.
4. Improving public awareness of the continued impact of and national response to children HIV and AIDS.
5. Providing an opportunity (platform) to the voices of children in the fight against HIV&AIDS.

In addition to sponsorship and abstract presentations by our staff, the Baylor-Uganda children's choir which comprises of children receiving care from the COE and other supported centres, participated actively in creating awareness, demanding for better services and advocating against stigma and discrimination, through music and dance. The children also took part in the children's dialogue at which 220 children exchanged views and ideas on how to best improve services extended to them. At this dialogue, a memorandum was written and presented to the **state minister incharge of children's affairs** and members of the parliamentary committee on HIV/AIDS.

Communication and Social Mobilization

In order to create and increase demand for paediatric HIV/AIDS care and treatment services, a six months' mass media campaign was launched in May 2010, under the theme, **"Don't let the children go before their time."** The main purpose of the campaign is to open the public's eyes to the fact that HIV positive children can live to achieve if diagnosed and treated early. Spot messages encouraging caretakers and guardians to test and enroll their children into care were produced and are still running on six regional FM stations.

To reinforce the spot messages, print messages providing information on paediatric HIV/AIDS were also produced and published in the three major local daily newspapers i.e. the Daily Monitor, the New Vision and Bukedde. Several advocacy support materials like bumper stickers, pens, tee-shirts and calendars, with messages centred on the campaign theme, were produced and distributed.

We also continued to play the key role of expert informants by sponsoring and also participating in various health talk shows on local FM stations such as Capital FM and Mama FM where technical staff from Baylor-Uganda provided key information to the public regarding paediatric HIV/AIDS care and treatment. Both stations had overwhelming listener participation through phone-ins and text messaging.

In the next financial year, we look forward to further participation in both national and international level advocacy to further our cause and fight for children living with HIV/AIDS, and to evaluation of the efficacy of our ACSM interventions.

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- Elton John AIDS Foundation
- Canadian Feed the Children
- Abbot Fund
- PACE

Implementing partners

- District Health Teams
- The Family Consortium
- Children
- Care takers
- All staff of Baylor-Ugand

Baylor/CDC/UNICEF supported Districts

Baylor/CDC supported Districts

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