



BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

SERVICE ABOVE AND BEYOND



©2025 Baylor College of Medicine Children's Foundation - Uganda

This work is a product of the Baylor Foundation Uganda. Baylor Foundation Uganda guarantees the accuracy of the data therein. We encourage the dissemination of this knowledge, so this work may be reproduced in whole or in part, for non-commercial purposes, as long as full attribution to this work is given. Any queries on rights and licenses, including subsidiary rights, should be addressed to the Baylor Foundation Uganda.

Acknowledgement

We extend our heartfelt thanks to our partners, donors, and the communities we serve for their unwavering support and collaboration. Your dedication and generosity make our work possible and impactful.

Photo credit:

Dipak Moses, Musa Neeson Nakedde, Louisa Kiggwe, Nelson Rotino, Honorata Twebaze & Fiona Tendo

Design & Layout:

Industrial Colors Ltd

Editorial Team

Dr. Dithan Kiragga
Albert Maganda
Marie Solome Nassiwa
Dr. Leticia Namale
Louisa Kiggwe
David Damba
Dr. Jane Nakawesi
Dr. Rita Makabayi

Dr. Jacqueline Balungi Kanywa
Dr. Andrew Katawera
Fiona Tendo
Henry Balwa
Henrietta Nanyonjo
Richard Kyakuwa Jjuuko
Jennifer Bakyawa

TABLE OF

CONTENTS

Message from the Board Chairperson **08**

Message from the Executive Director **09**

About Baylor College of Medicine Children's Foundation - Uganda **10**

Our vision, mission and goal **11**

Our scope of operation **12**

FY 2024/25: service reach **13**

Our business model **14**

Baylor Foundation Uganda: sustainability and long-term impact **15**

Advancing resilient and people-centered health services **16**

Advancing integrated service delivery to sustain HIV epidemic control **17**



The Clinical Center of Excellence (COE): where compassion meets quality **19**

The National Pediatric and Adolescent HIV/TB/Health Call Center **21**

Scaling up the sickle cell disease program **24**

Harnessing the power of multi-stakeholder collaboration to achieve the UNAIDS 95:95:95 targets **27**



Strengthening prevention, detection and response to public health threats **42**

Building a stronger health workforce to advance people-centered health services **49**

Advancing health through research and innovation **60**



Strengthening organization development that focuses on accountability **65**

Our people, our strength **73**

Scaling up and maintaining agile and functional systems **75**

Financial performance **78**

Our partners **92**



ACRONYMS

AHD	Advanced HIV Disease
ART	Antiretroviral Therapy
CrAg	Cryptococcal Antigen ¹
ESG	Environmental, Social, and Governance
GHS	Global Health Security
HIV	Human Immunodeficiency Virus
HIV-ST	HIV Self-Testing
HPV	Human Papilloma Virus
HTS	HIV Testing Services
IAC	Intensive Adherence Counseling
MNCH	Maternal, Newborn, and Child Health
NCD	Non-Communicable Diseases
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SCD	Sickle Cell Disease
SDG	Sustainable Development Goals
TB	Tuberculosis
TB-LAM	Tuberculosis Lipoarabinomannan ²
UNAIDS	United Nations AIDS Program
UNEPI	Uganda National Expanded Programme on Immunization

1 CrAg - A diagnostic test used to detect cryptococcal infection, especially important for people with advanced HIV disease.

2 TB-LAM - A urine-based test used to rapidly detect tuberculosis in people with advanced HIV disease or severe illness.



MESSAGE FROM THE BOARD CHAIRPERSON

The Fiscal Year 2024/25 has been both enlightening and transformative for Baylor Foundation Uganda. While we encountered challenges along the way, these experiences have inspired us to reflect, re-strategize, and reinforce our commitment to sustainability. The Baylor Foundation Uganda has taken deliberate steps to develop a long-term sustainability plan that will ensure continuity of the contribution and impact for generations to come.

The flexibility, dedication and commitment of our teams and partners has been extremely commendable and has enabled us to continue delivery of quality services to our communities despite the rapidly evolving context over the past year. I am pleased to report that we have positively impacted the lives of over 10 million children, adults, community members, and health professionals across our areas of operation.

These include HIV prevention, care, and treatment; maternal, newborn, adolescent, and child health; global health security; antimicrobial resistance; research and learning; health systems strengthening; and paediatric haematology-oncology, including the prevention and treatment of sickle cell disease. Each of these achievements reflects our shared mission of improving health outcomes and saving lives in Uganda.

The Board of Directors has continued to work closely and diligently with management to ensure the continuity and quality of services delivered across all program areas.

We express our sincere gratitude to our development partners and donors, whose trust and continued support remain the foundation upon which this work is built. You have stood with us as we serve communities across Uganda, and your confidence in our stewardship continues to strengthen our resolve.

PROF.
RHODA
WANYENZE



MESSAGE FROM THE EXECUTIVE DIRECTOR

I invite you to read this 2024/25 edition of our Annual Report and join us on the remarkable journey we began 19 years ago as a small local organization. What began as a focused effort in HIV pediatric health has grown into a nationwide movement of high-quality healthcare, innovative research and impact-driven solutions. Today, Baylor College of Medicine Children's Foundation-Uganda stands as a trusted partner in global health security-advancing antimicrobial resistance stewardship, responding to Ebola, Mpox, and other public health threats - strengthening RMNCAH, delivering integrated HIV/TB/NCD services, and scaling up sickle cell disease prevention and management in the country. This evolution has been made possible through the trust and confidence of the Ministry of Health, our One Health partners, development partners, and above all, the communities we serve.

Our journey across the country now spans 67 districts and four cities in the Rwenzori, Bunyoro, Eastern, and Karamoja regions, where, together with health facilities, local authorities, and communities, we continue to touch more than 10.5 million lives through technical assistance, training, direct and indirect health service delivery.

We have also journeyed beyond Uganda through the U.S CDC Capacity for Sustainability (C4S) project, a five-year project (2023-2028). The project is designed to support implementing partners in Uganda and Malawi to strengthen the capacity of local organizations to thrive and achieve long-term sustainability. Deloitte Uganda is implementing the project as the prime partner, and Baylor Foundation Uganda is serving as a sub-awardee.

We successfully achieved post-trial access to critical drugs following landmark studies, including the HPTN 084 trial, which played a pivotal role in the approval of long-acting injectable cabotegravir (CAB-LA) for HIV prevention. Similarly, findings from the IMPAACT 2009 trial continue to inform the use of oral PrEP among pregnant or lactating adolescent girls and young women.

We continue to diversify our funding sources and strengthen collaborations. Through these efforts, our budget for the year grew to USD 44 million, allowing us to sustain and expand life-saving services.

Our journey continues—and we are honored to take each step with you.

DR.
DITHAN
KIRAGGA



ABOUT BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - UGANDA

Baylor College of Medicine Children's Foundation Uganda (Baylor Foundation Uganda) is a local, not-for-profit Ugandan organization established in 2006. It is a leading provider of integrated, high-quality, comprehensive health services, including HIV, Tuberculosis (TB), Non-Communicable Diseases (NCD), Global Health Services (GHS), and Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services.



OUR VISION, MISSION & GOAL



OUR VISION:

A world where children and their families live healthy and fulfilled lives.



OUR MISSION:

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



OUR GOAL:

To reduce morbidity and mortality due to infectious, non-communicable, maternal, and childhood conditions.



OUR VALUE PROPOSITION:

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



OUR CORE VALUES

CARE: We treat each person we serve in the same way we would want to be treated - with courtesy, friendliness, and respect. We aim to be kind and patient at all times, with all the clients we serve and with one another. We shall be faithful to our calling of upholding the human rights of all our clients.

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

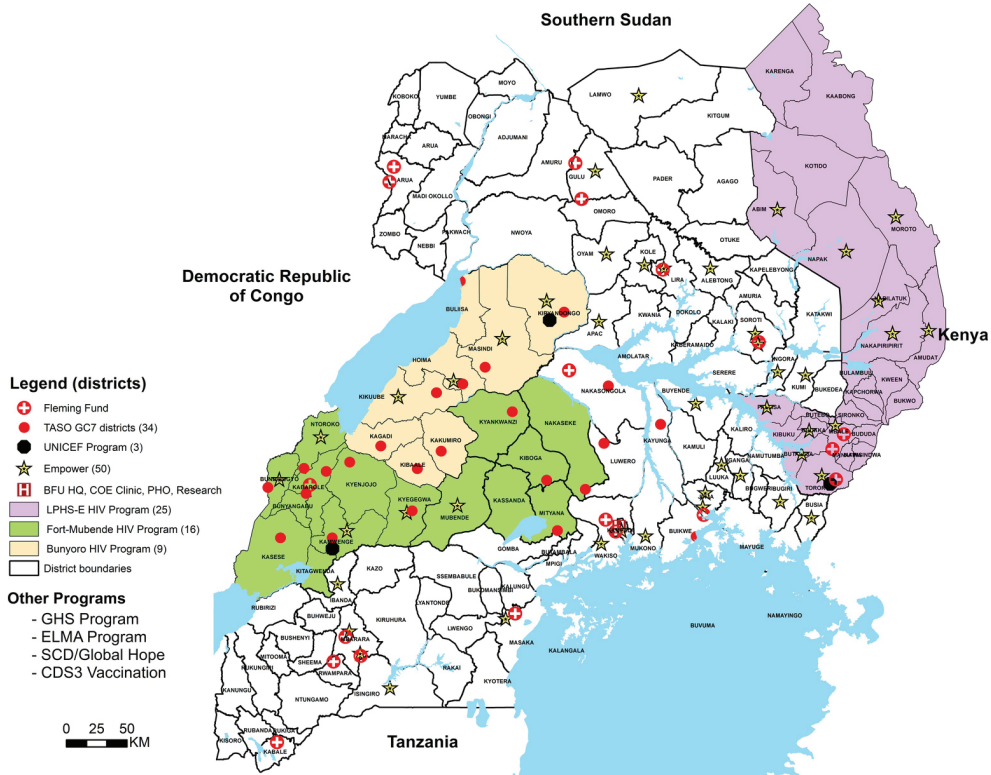
INTEGRITY: We are fair and honest in all interactions, trustworthy and truthful. We strive to uphold the highest ethical standards and conduct ourselves accordingly. We strive for transparency, impartiality, and equity in all our dealings, and we maintain open and honest communication at all times. We accept our responsibilities and strive to achieve those things for which we are accountable.

EXCELLENCE: We strive for excellence in all we do as we deliver high-quality, high-impact, and highly ethical healthcare, education, and research. We continually work to enhance our ability and competence, striving for continuous quality improvement. We strive for efficiency in our resource allocation to maximize the best possible value.

INNOVATION: We are creative in applying methods and technologies to problem-solving, constantly seeking ways to improve. We recognize the opportunity in every challenge; we focus on solutions rather than problems. We are committed to generating new knowledge and practices and showcasing them.

TEAMWORK: We support one another to reinforce our competencies in achieving the Baylor Foundation Uganda's vision, mission, and strategic objectives.

OUR SCOPE OF OPERATION



Baylor Foundation Uganda operates in 67 districts in Uganda, working in collaboration with multiple development partners to support a range of initiatives in the areas of HIV/TB, RMNCAH, and Global Health Security.

Additionally, we are implementing the U.S. CDC Capacity for Sustainability (C4S), a five-year project (2023-2028). The project is designed to support implementing partners in Uganda and Malawi to strengthen the capacity of local organizations to thrive and achieve long-term sustainability. Deloitte Uganda is implementing the project as the prime partner, and Baylor Foundation Uganda is serving as a sub-awardee.



FY 2024/2025: SERVICE REACH



GEOGRAPHIC COVERAGE

67

Districts & four cities supported

10,501,650

People reached with health services



SICKLE CELL DISEASE

6,253

Children screened

94%

Linked to care

99%

Eligible on hydroxyurea



HIV CARE & TREATMENT

2,302,837

Tested

26,410

Positives

99.5%

Linked to treatment

19,665

People reached with TB treatment services

285,244

Reached with nutrition services

300,667

on ART

95%
Viral suppression



PMTCT

500,480

Pregnant women screened

16,178

Positives

99.5%

on ART to prevent mother-to-child transmission



RESEARCH & LEARNING

30

Research studies

30

Collaborations

20+

Peer-reviewed publications

35+

Abstracts



HIV PREVENTION

47,202

Individuals accessed pre-exposure prophylaxis and post-exposure prophylaxis services



TRAINING

401,979

Health workforce personnel trained



NON-COMMUNICABLE DISEASES

150,295

Screened

36,359

Linked to chronic care management



STAFF

596

Staff working with the Baylor Foundation Uganda



GLOBAL HEALTH SECURITY

5,204,549

Individuals screened for public health threats at border points and urban centers



FINANCIALS

UGX 163.9 billion

Secured against a budget of 149.9 billion and 96% of the amount spent

BAYLOR FOUNDATION UGANDA: SUSTAINABILITY AND LONG-TERM IMPACT

The Baylor Foundation Uganda Strategic Plan 2023-2028 is aligned with key United Nations Sustainable Development Goals (SDGs). By contributing to these global goals, the Foundation advances improved health outcomes, stronger systems, and long-term national development.

SO1:

Increase Access to and Utilization of Quality Healthcare Services

Aligned SDGs:



We provide high-quality, person-centered care across HIV, TB, reproductive, maternal, newborn, child, and adolescent health, as well as nutrition. Our interventions expand HIV prevention, enhance TB preventive therapy, and strengthen essential health systems-including laboratory services, supply chain management, and strategic information systems-to improve equitable access and health outcomes for vulnerable individuals.

SO2:

Strengthen Prevention, Detection, and Response to Public Health Threats/ Emergencies, Including Antimicrobial Resistance (AMR)

Aligned SDGs:



We strengthen integrated disease surveillance, expand vaccination coverage for vaccine-preventable diseases, and support districts to establish emergency response systems and public health emergency operation centers to enhance national readiness for health threats.

SO3:

Enhance the Competencies of Health Workers to Provide Affordable, Quality, and Specialized Healthcare Services

Aligned SDGs:



We implement comprehensive health worker training and telementoring platforms to strengthen skills, knowledge sharing, and service delivery. Additionally, we functionalized the Human Resources Information System to enhance health workforce management and efficiency.

SO4:

Strengthen Health Sector Research to Inform Policy and Programming

Aligned SDGs:



We have established strong research partnerships and collaborations to generate peer-reviewed publications, advance implementation science, and enhance the influence of evidence-based health programming and policy.

SO5:

Strengthen Organizational Development Systems Centered on Accountability, Best Management Practices, & Good Governance

Aligned SDGs:



We strengthened our workforce by recruiting and retaining skilled staff, enhancing performance management, and promoting gender equity in leadership. We advanced business digitalization, improved governance and accountability systems, and enhanced risk and compliance management.

We also provided organizational capacity development to seven implementing partners in Malawi and initiated the development of our Environmental, Social, and Governance (ESG) program to support responsible and inclusive growth.

SO6:

Set Up and Maintain Agile and Functional Systems for Institutional and Financial Sustainability

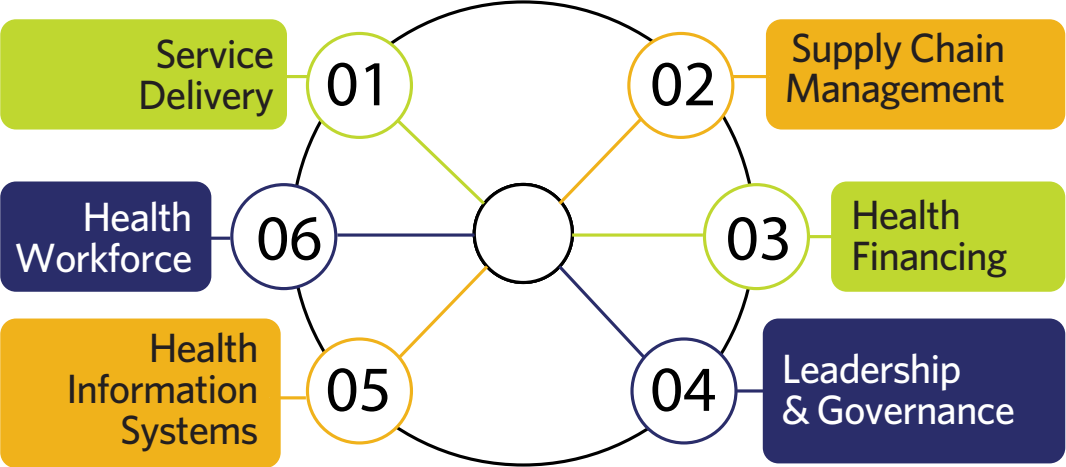
Aligned SDGs:



We have diversified revenue streams, strengthened strategic partnerships and Memoranda of Understanding, and improved operational efficiency to ensure long-term financial stability and institutional resilience.

ADVANCING RESILIENT AND PEOPLE-CENTERED HEALTH SERVICES

The Baylor Foundation Uganda continued to provide direct health services to our clients at our Clinical Center of Excellence, located at Mulago National Referral Hospital. We also played a central role in building resilient and responsive health systems across our supported districts through a district-led programming approach. Through this approach, we strengthened the core pillars of health systems strengthening, working closely with local authorities to design and implement tailored interventions that are responsive to local priorities and ensure sustainability. These efforts collectively enhanced the competencies of health workers and expanded access to quality healthcare for the communities they served.



ADVANCING INTEGRATED QUALITY SERVICE DELIVERY TO SUSTAIN HIV EPIDEMIC CONTROL





DR. DENISE JOSEPHINE BIRUNGI
 Director of Medical Programmes

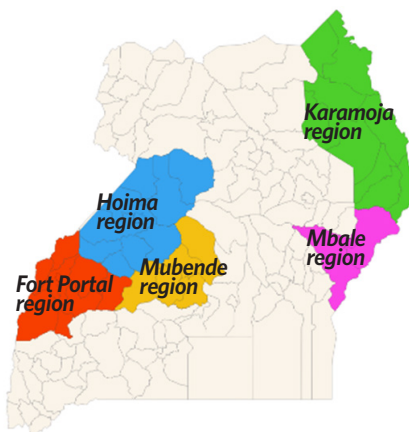
In partnership with the Ministry of Health, the U.S. Department of State, the Global Fund through The AIDS Support Organization (TASO), United Children's Fund (UNICEF), Clinton Health Access Initiative (CHAI), and the ABSA Bank, we strengthened local authority health systems across the Fort Portal, Mubende, Bunyoro, Bugisu, Bukedi, and Karamoja regions to achieve and sustain the United Nations AIDS (UNAIDS) 95-95-95 targets for People Living with HIV (PLHIV).

In addition, we provided direct service delivery at our Clinical Center of Excellence in Mulago - the biggest HIV pediatric and adolescent clinic in the country.

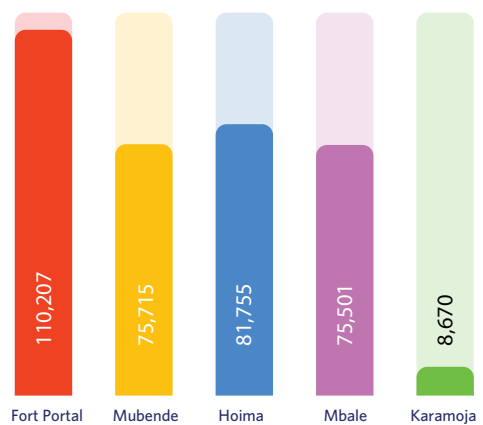
Estimated PLHIV by gender



Regional HIV Programmes



Estimated Number of PLHIV by Region



THE CLINICAL CENTER OF EXCELLENCE: WHERE COMPASSION MEETS QUALITY



DR. JACQUELINE BALUNGI-KANYWA

Manager of the Clinical Center of Excellence at Mulago.

Our clinic was established in 2004 at Mulago National Referral Hospital with 560 clients. The clinic has attracted over 8,858 recipients of care due to the excellent quality of services. This excludes thousands who have been transferred out to their areas of convenience. It is exciting and comforting to see children with HIV growing with us happily into adulthood. Among 4,718 adults LHIV aged 25 years or more in our clinic, 1,498 (32%) were children born with HIV who were enrolled in this clinic. This is a testament to the saving power of antiretroviral treatment

Providing Comprehensive, Family-Centered HIV Care:

With support from the U.S. Centers for Disease Control and Prevention through the Reach Out Mbuya Community Health Initiative, our Clinical Center of Excellence offers an integrated package of health services for people living with HIV within and outside the Kampala metropolitan subregion.

Estimated PLHIV by gender



The services offered include: HIV testing and treatment; management of advanced HIV diseases such as tuberculosis, severe acute malnutrition, severe pneumonia, and cryptococcal disease; sexual and reproductive health services, including cervical cancer screening and treatment. We provide care and support services using an integrated and family-centered approach, which also includes screening and managing Non-Communicable Diseases (NCDs), including hypertension, diabetes mellitus, and mental conditions.

During this reporting period, 335 children aged 0–12 months received routine immunization through the Uganda National Expanded Program on Immunization (UNEPI). In addition, we supported health facilities to vaccinate 750 adolescent girls against human papillomavirus (HPV) — a critical step in the prevention of cervical cancer.

Among clients receiving HIV treatment, the site maintained an overall viral suppression rate of 94%. Individuals with detectable viral loads received targeted support, including HIV drug resistance testing where eligible, to guide optimized treatment regimens.

To enhance treatment literacy, the site introduced innovative client education approaches. Short, locally produced health education videos were played on screens in the waiting area (capacity -80 clients), enabling clinical staff — who are often managing high client volumes — to deliver consistent and engaging health messages. This approach improved understanding, reinforced adherence, and ensured that clients received timely and accurate health information.

7,184

TESTED FOR HIV

Of these, 207 (3%) were diagnosed with HIV at COE Mulago wards and the community. All (100%) were linked to Antiretroviral Therapy (ART).

8,858

ON ART

These comprised 373 (4%) children 0-9 yrs, 2378 (27%) adolescents 10-19 yrs, and 6014 (69%) adults 20+ yrs.

100%

SCREENED FOR NCD

All PLHIV 15+ who had clinical contacts were screened for hypertension, diabetes and mental health. 1148 cases were identified and linked to treatment.

94%

VIRAL LOAD SUPPRESSION

VL suppression was 92% for children and adolescents and 95% for adults 20+ yrs, versus the national VL suppression of 89% for children and adolescents and 95% for adults.

Community programming: The Baylor *Ewakaawo* initiative (“Baylor at Your Home”) successfully linked 960 PLHIV back to the COE to resume comprehensive HIV care and support. The program also delivered HIV medicines to 765 clients through home-based delivery and community-preferred pick-up points, including schools (with documented child assent and parental/guardian consent).



765
stable clients without TB, non-communicable diseases, pregnancy or are virally suppressed - received HIV medicines delivered at home/ community points.

A health provider delivering drugs to a client in the community

65

School health champions

Knowledge transfer for HIV care and treatment

We provided a wide range of teaching and mentorship initiatives:

- Work placements for high school students aspiring to join the health profession.
- Mentorship for postgraduate pediatric residents from Makerere University College of Health Sciences in Uganda and Baylor College of Medicine/Texas Children’s Hospital in the USA.
- Sixty-five teaching and non-teaching staff (school health champions) on chronic disease care to support school children with HIV, sickle cell disease, asthma, mental illness, and peptic ulcer disease. We plan to link families to the champions for continuous child support.

THE NATIONAL PEDIATRIC AND ADOLESCENT HIV/TB/HEALTH CALL CENTER

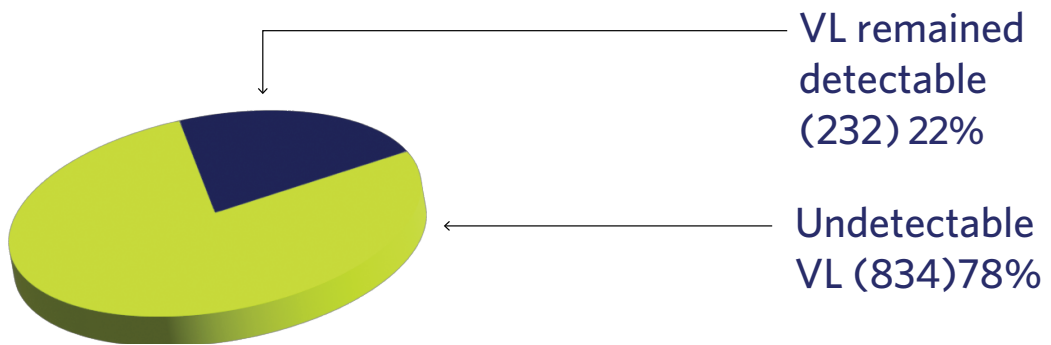


The Call Center continues to provide a wide range of consultation services covering HIV testing, prevention, care and treatment, client linkages and referrals, tuberculosis (TB) management, mental health support, telephone-based intensive adherence counselling, sickle cell disease, and other general health inquiries. In FY2024/25, the Call Centre also demonstrated significant improvements in service delivery, achieving a customer satisfaction score of 75% during the fiscal year 2024/25. This improvement reflects the centre's commitment to quality service and enhanced client engagement strategies.

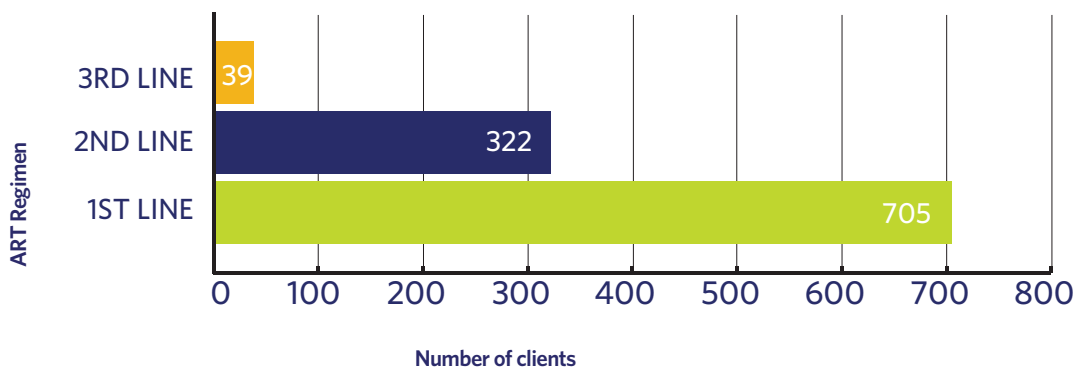
Beyond traditional call centre functions, the team further expanded its scope of work to address a critical need in HIV care management. The centre successfully implemented

telephone-based Intensive Adherence Counselling (IAC) services targeting clients with unsuppressed viral loads. This innovative approach allowed the team to reach clients who might otherwise face barriers to in-person counselling sessions. The Call Centre provided IAC services to 1,066 clinic clients who were experiencing challenges with viral load suppression. Each client received the recommended three counseling sessions delivered entirely through phone-based interactions. The remote delivery model proved effective in maintaining client engagement while reducing logistical barriers to accessing adherence support. Out of 1,066 clients, 66% are on a first-line regimen, 30% are on a second-line regimen, and approximately 4% are on a third-line regimen, as shown in the graph below.

Outcome of the Telephone IAC sessions conducted by the Call center Team



Clients receiving IAC counseling from the Call Center



Out of 1,066 clients who were initially non-suppressed, 834 clients, representing approximately 78.25%, achieved viral load suppression after receiving Intensive Adherence Counselling (IAC) sessions conducted by the call centre team. Of the 232 clients, 21.75% remained non-suppressed despite the interventions. This result signifies a substantial positive impact of IAC sessions in supporting clients toward viral suppression.

SUCCESS STORY: HOW A TOLL-FREE LINE IS SAVING LIVES



A Call Center Attendant at the National Health and HIV/TB Call Center receives a call from a client

One Sunday morning, as one of the call center agents was preparing to go to church, a call came in from a client in Bukedea who sounded desperate. "Hullo, musawo, I have tested using the OraQuick HIV-Self Testing (ST) kit, and I see two lines on C and T. What does this mean?" the client asked.

"It means you could be HIV positive," the agent replied. "However, you need to take another test at the health facility before you can confirm".

Silence followed on the other line for about 60 seconds, after which the caller gave a long sigh and murmured, "Let me go end this once and for all," then hung up. On calling back, the wife picked up and narrated that the partner had discovered a tin of HIV medicine in her bag and wanted to take an HIV test. She added that the husband had run out of the house, threatening to end his life despite her

heartfelt plea that she was virally suppressed.

The agent requested that the lady follow her husband and undergo a confirmatory test at the nearest government facility. Upon following up the next day, the husband, who had almost taken his life, greeted the agent with glee. He exclaimed that all the tests at the facility showed a negative result. "My wife and I have undergone counselling. The counselor guided me on how to maintain discordance in our marriage. Thank you for picking up my call on that day; you saved my life."

The toll-free line has become a reliable resource for over 4,562 clients seeking information on interpreting HIV-ST results, psychosocial support, HIV/TB prevention and care, viral load review, and other general health assistance online.

SCALING UP THE SICKLE CELL DISEASE PROGRAM



SCALING UP THE SICKLE CELL DISEASE PROGRAM



From Left to Right: Director, Texas Children's Global HOPE, Dr Joseph Lubega; Baylor Foundation Uganda Board member, Mr Joseph Kizza; Permanent Secretary of the Ministry of Health, Dr Diana Atwine; President of Bristol Myers Squibb Foundation, Mrs Catherine Grimes; Executive Director of Baylor Foundation Uganda, Dr Dithan Kiragga; Director of Global Health for Texas Children's Hospital and the Chief Executive Officer for Baylor College of Medicine Global Health, Dr Mike Mizwa; Baylor Foundation Uganda Board Member, Mr Thomson Odoki; and the Director of Kayunga Regional Referral Hospital, Dr Robert Ssentongo, at the launch of the Sickle Cell Program

On 28th October 2024, the Ministry of Health Permanent Secretary, Dr. Diana Atwine, officially launched the Strengthening Care Access and Linkage for Sickle Cell Disease Enhancement (SCALE) Program at Kayunga Regional Referral Hospital.

The three-year program is implemented with funding from Bristol Myers Squibb Foundation through Texas Children's Global HOPE. Baylor Foundation Uganda is implementing the program with MOH under a strong consortium of

partners, including Mulago Sickle Cell Clinic, Makerere University College of Health Sciences, and the Uganda Pediatric Association.

The SCALE Program aims at addressing the country's significant Sickle Cell Disease (SCD) burden by integrating essential, evidence-based interventions into routine health services—beginning in the Kayunga region (covering Buikwe, Luweero, Nakasongola, and Mukono districts), with plans to expand to Lira district in its second year.

ACHIEVEMENTS IN CARE: ENHANCING LIVES OF SICKLE CELL PATIENTS

26 Community outreaches

- Community outreaches expanded services to underserved areas with 1,630 children screened through 26 outreaches.

160 Health workers trained

- The programme trained more than 160 health workers across facilities exceeding the annual target of 30.

98%
(1,097/1,120) SCD screening coverage among newborns at Kayunga Regional Referral Hospital

94%
(145/155) children diagnosed with SCD were successfully linked to care

99%
(871/879) of eligible children received therapy, surpassing the national target of 80%.

6,253
children screened since program inception

SUCCESS STORY: A NEW HOPE FOR HOSANNA MARIA

Hosanna Maria first enrolled in our clinic at Kayunga Regional Referral Hospital in March 2024. At that time, she had frequent episodes of severe anaemia and recurrent painful crises. Despite the obvious clinical need, the hospital could not initiate her on hydroxyurea treatment because of the clinic's policy, which recommended starting treatment only at the age of two.

The landscape changed with the introduction of the SCALE program, which invested in staff training and sensitized staff about the updated guidelines on the use of hydroxyurea. In December 2024, the hospital personnel initiated Hosanna on the therapy. Since then, supported by a consistent and uninterrupted supply of the drug, she has experienced a dramatic transformation in her health. Over the past months, she has not required a single blood transfusion or hospital admission - a remarkable shift from her earlier trajectory.

This progress has also transformed her family's quality of life. Her mother, once burdened by constant hospital visits and the uncertainty of her daughter's condition, has been able to return to work with renewed confidence in her child's stability. In an inspiring ripple effect, she recently brought her new fiancé for sickle cell screening, reflecting the program's broader influence on family decisions and community health awareness.

"I used to spend months in the hospital. My girl would be admitted with malaria constantly and would have high fevers and a lot of pain, which made me very sorrowful. Maria's oxygen levels would drop to 68%, and we would likely need oxygen most of the time. I am excited to say that all this sadness is an issue of the past since the health workers started giving us hydroxyurea," says Maria's mother. "My girl is a happy child now; I see her smiling and playing, and I feel so happy as a mother," she added, highlighting how hydroxyurea has positively impacted their lives.



A joyful Hosanna with her mother

HARNESSING THE POWER OF MULTI-STAKEHOLDER COLLABORATION TO ACHIEVE THE UNAIDS 95:95:95 TARGETS



Baylor Foundation Uganda focused on scaling up effective, targeted HIV prevention, care, and treatment interventions to achieve the 95:95:95 UNAIDS targets by 2030. During FY 2024/25, we supported 723 health facilities across five regions, including Mbale, Karamoja, Fort Portal, Mubende, and Bunyoro, including 171 Health Centers (HC) IIs, 456 HC IIIs, 62 HC IVs, 29 General Hospitals, and four Specialized Clinics.



723

Health Facilities Supported

HIV TESTING SERVICES

HIV Case Identification: To increase case finding, we supported local authorities in implementing person-centred, differentiated, and quality HIV testing services at all critical health facility service delivery points - Outpatient and Inpatient departments, Maternal, Newborn, and Child Health, TB, Sexually Transmitted Infections, and Nutrition. In addition, we implemented other high-yielding interventions, including social network strategy, index testing for biological children and sexual partners, and integrated community outreaches in high-

risk workplaces. The four HIV Testing Services (HTS) modalities, which contributed close to 80% of HIV positive cases identified, were provider-initiated HIV testing and counselling (PITC), index testing, elimination of Mother-to-Child Transmission (eMTCT) of HIV, and community platforms. HTS implementation in community outreaches was guided by the National HIV Vulnerability Index dashboard and geographic information system mapping to locate hotspots. Baylor Foundation Uganda programs demonstrated an excellent linkage between positive outcomes and treatment.



2,302,837

HIV tests performed



26,410

Positives identified



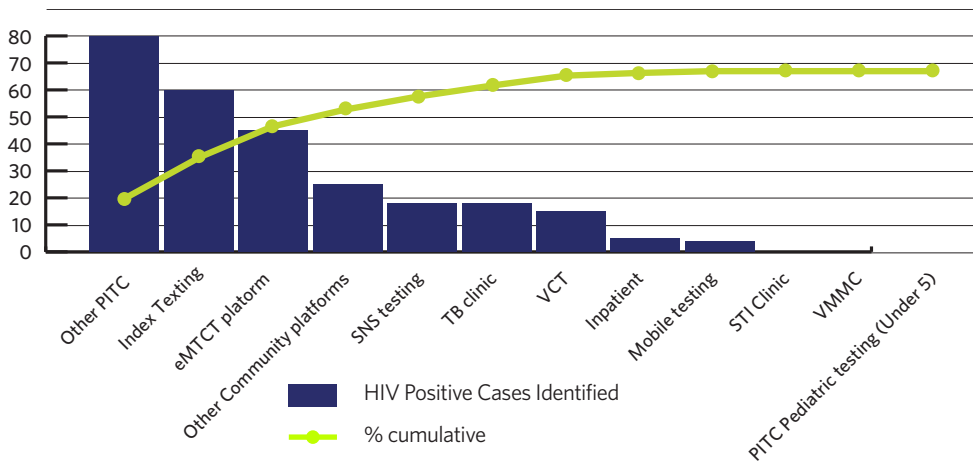
99.5%

Linked to treatment



A health worker removes a blood sample from a community member for an HIV test

NUMBER OF HIV POSITIVE CASES IDENTIFIED BY HTS MODALITY



HIV CARE & TREATMENT

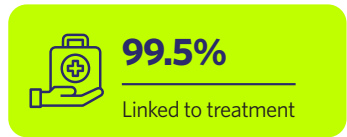
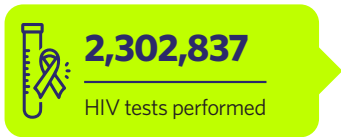
Initiating and Maintaining HIV Positives on Treatment:

Baylor Foundation Uganda supported 50 local authorities and 620 health facilities to provide high-quality HIV care and treatment services to enhance treatment continuity among PLHIV. In collaboration with the Ministry of Health, we enhanced the capacity of local authorities and health workers to implement the integrated health services delivery model, thereby improving treatment outcomes. We enhanced client literacy through health education

sessions on the benefits of adhering to ART effectively. We scaled up client-centered service delivery through differentiated service delivery models, multi-month dispensing, strengthened caregiver engagement, and peer support groups. We also expanded screening and treatment services for cervical cancer, non-communicable diseases (NCDs), and advanced HIV disease.

300,667 PLHIV maintained on ART

INDICATOR	MBALE	KARAMOJA	FORTPORTAL	MUBENDE	HOIMA	COE	OVERALL TOTAL	ANNUAL TARGET	% TARGET ACHIEVED
# ART sites	197	63	131	84	144	1	620	NA	NA
Newly initiated on ART	4,736	164	6,963	5,999	8,208	200	26,270	16,624	158%
Total PLHIV Active on ART	48,740	22,051	82,803	64,209	74,006	8,858	300,667	250,162	120%
Children on ART (0-9 yrs)	1,127	255	1,176	1,225	1,419	466	5,668	6744	84%
Adolescents on ART (10-19 yrs)	2,392	968	3,740	2,675	8,060	2,378	20,213	20819	97%
Adults on ART (20+ yrs)	45,221	20,828	77,887	60,309	64,527	6,014	274,786	222,599	123%



Through strategic partnerships with government and local health facilities, we successfully linked 99.5% of the 26,410 individuals who tested HIV positive to treatment. All newly identified clients received timely advanced HIV disease screening and were able to access life-saving diagnostic interventions, including CrAg and TB-LAM testing.

	NCD integration	150,295 PLHIV aged 15 years and above were screened, 36,359 identified cases and 91% linked to treatment.	85%
	Advanced HIV Disease	AHD screening for newly identified and virally unsuppressed PLHIV on ART achieved strong performance across all sites, with 98% coverage. Among those screened, CrAg positivity was 3%, while TB-LAM positivity was 21%.	98%
	AHD Treatment	All CrAg and TB-LAM positive clients were initiated on Fluconazole and anti-TB treatment	100 %
	Cervical Cancer	44,251 eligible adult PLHIV women were screened for cervical cancer with a yield of 8.0%. Linkage to treatment was 93%.	93%

EXPERT INSIGHT SHAPING NATIONAL HEALTH GUIDELINES

In alignment with Uganda’s National Development Plan IV and WHO’s Cross-Programmatic Efficiency Analysis, we supported the Ministry of Health’s efforts to transition from disease-based to integrated, patient-centred service delivery at all government and private not-for-profit health facilities.

These efforts aimed at phasing out stand-alone clinics such as those for HIV, TB, NCDs: diabetes and hypertension, mental health, epilepsy, and other chronic diseases by integrating them into routine primary healthcare services. With funding from the US Department of State and the ELMA Foundation, we facilitated national, regional, and

district training-of-trainers for Fort Portal, Mubende, Hoima, Mbale, and Karamoja sub-regions.

Before the nationwide rollout, we piloted the integrated chronic care model at Bufumbo HC IV, Bunapongo HC III, and Mbale Regional Referral Hospital between June and December 2024.

Lessons and successful practices from the pilot phase led to the scale-up of the integrated chronic care model to 38 health facilities by the end of June 2025. They also provided insight into shaping the National Health Guidelines for Implementing Integration.

Practical Guidance for Integration- March 2025

The findings of the pilot phase for the integrated chronic care model were presented in a working group at the Ministry of Health. The integrated model achieved high client satisfaction, with 95% (359/378) of clients reporting satisfaction through a standardized survey. Among NCD clients, 80% (832/1,039) achieved good clinical outcomes, while viral suppression rates among PLHIV improved from 94% in June to 95% (607/628) in December 2024. Follow-up appointment adherence increased from 89% (357/399) in September 2024 to 93% (512/549) in December 2024.



mother enters the outpatient department at Bwijanga HC III, Masindi district to receive integrated health services

DETECTING TB TO SAVE LIVES

In line with the Ministry of Health's goal to end TB by 2030, we implemented high-quality, integrated TB case notification, treatment monitoring, and TB preventive interventions. We strengthened TB presumption by utilizing the intensified case-finding tool at both the health facility and community levels. We conducted house-to-house TB screening and contact tracing in identified high-burden areas, with a focus on ensuring complete and accurate documentation in TB registers and electronic systems. Through quality improvement

initiatives, we increased GeneXpert test utilization among presumptive TB cases.

TB Preventive Therapy (TPT): We supported healthcare facilities to achieve strong TB preventive therapy performance by integrating peer-led TPT literacy sessions into routine ART clinic health education, harmonizing ART and TPT multi-month dispensing, and routinely generating eligible client line lists.

19,540

Notified incident TB cases, with 94% accessing a molecular test,

93%

TB treatment success rate

91%

TB cure rate compared to the national target of 85%.

98%

TB contact investigation coverage

99%

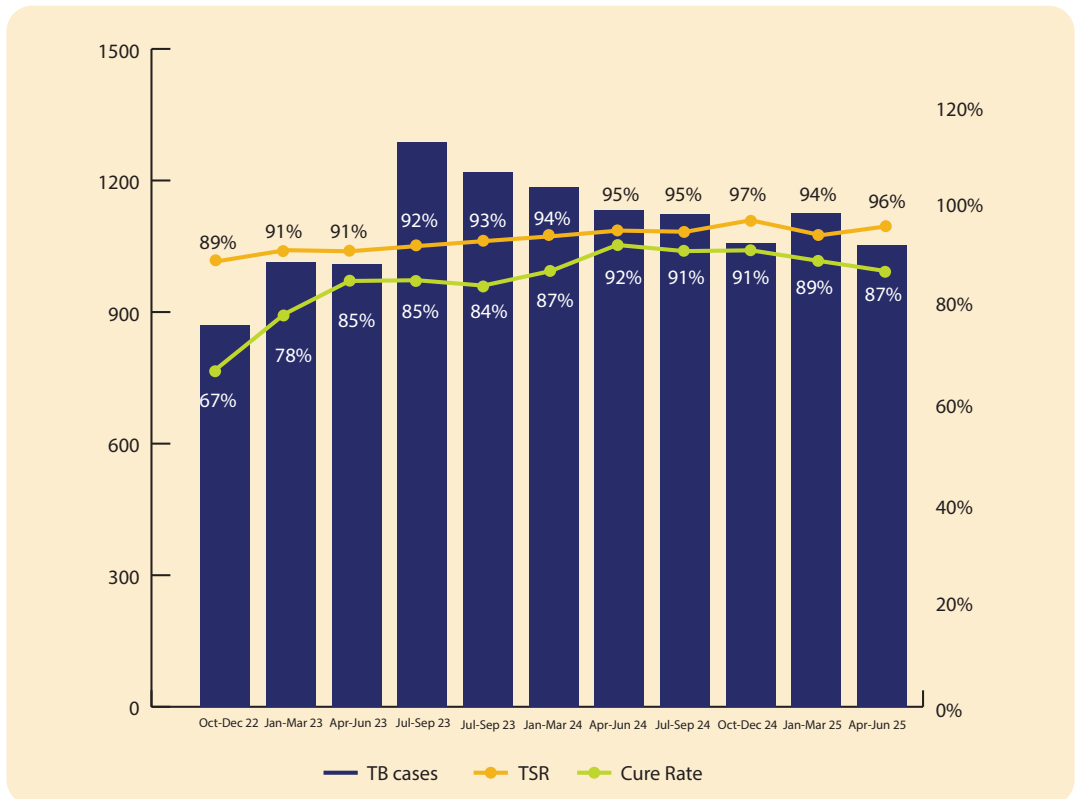
Genexpert test utilization among presumptive TB cases.

22,32

Children and adults initiated on TB Preventive Therapy, (127% of the target)

TB surveillance using digital systems: The Mbale region demonstrated exemplary use of the electronic case-based surveillance system (eCBSS) to map TB hotspots, thereby enhancing case identification and treatment monitoring. This intervention has been showcased at national and international platforms, with possible adoption and scale-up by other partners.

TRENDS IN TB CASE NOTIFICATIONS, TREATMENT SUCCESS RATE (TSR), AND CURE RATE (OCT 2022 - JUN 2025)



20% improvement in TB cure rate using the eCBSS from October 2022 to June 2025.



Dr. Moses Mugerwa, a medical doctor examines a patient's chest X-ray during a TB evaluation

IMPROVING TREATMENT OUTCOMES THROUGH VIRAL LOAD SUPPRESSION

Improving VL coverage and suppression: We supported health facilities in strengthening the monitoring of ART response through the integration of viral load (VL) testing at all facility points of care and community service delivery points. We engaged health workers and counselors to identify and address patient- and facility-level factors that affect treatment adherence and clinic attendance. We further conducted home visits to develop personalized adherence plans, which also provided opportunities to integrate advanced HIV disease screening, index client testing, and TB screening.

VL Change Package

- Pre-IAC appointment reminders;
- Home-based and tele-IAC;
- U=U education to clients on IAC;
- Peer/partner support during IAC;
- Virtual case management
- ART switch meetings
- Individualized care plans
- Capacity building on HIV DR testing and results utilization.
- Attaching clients to community health workers
- Forming client welfare clubs

Managing virally non-suppressed clients: In collaboration with regional referral hospitals, we utilized person-centered metrics to implement the Ministry of Health's VL change package, identifying non-suppressed clients and promptly addressing adherence barriers.

94%

Received a viral load test

95%

PLHIV virally suppressed

97%

Non-suppressors received at least 3 IAC sessions

89%

Suppressed after IAC support

PLHIV VIRALLY SUPPRESSED BY HIV PROGRAM

Fort-Mubende	96%
Hoima	95%
Mbale	94%
Karamoja	94%

HIV PREVENTION: BREAK THE CHAIN

As part of our goal to accelerate and sustain HIV epidemic control, we supported health facilities to implement the following prevention strategies:

Prevention of Mother-to-Child Transmission of HIV (PMTCT): We provided high-quality, integrated services to pregnant and lactating mothers at the supported healthcare facilities. The services provided included: HIV, Syphilis, and Hepatitis B testing, Pre-Exposure Prophylaxis, the Antenatal Care package, male partner testing, and linkage to ART services for HIV-positives. Through the Accelerating Progress in Pediatrics and PMTCT (AP3) program, in collaboration with all USG implementing partners in the country, Baylor Foundation Uganda extended services to scale up case identification among pediatric and adolescent populations, and PMTCT, to over 900 health center IIIs in Uganda.

Integrated Early Infant Diagnosis (EID): Baylor Foundation Uganda supported health facilities in integrating EID into routine immunization and scaled up EID point-of-care services to expand access to care for HIV-exposed infants.

Baylor Foundation Uganda further trained Assistant District Health Officers in Maternal and Child Health, as well as district and facility PMTCT focal persons, on screening and client flow management. These individuals then mentored health workers at the facility and outreach points in the community.

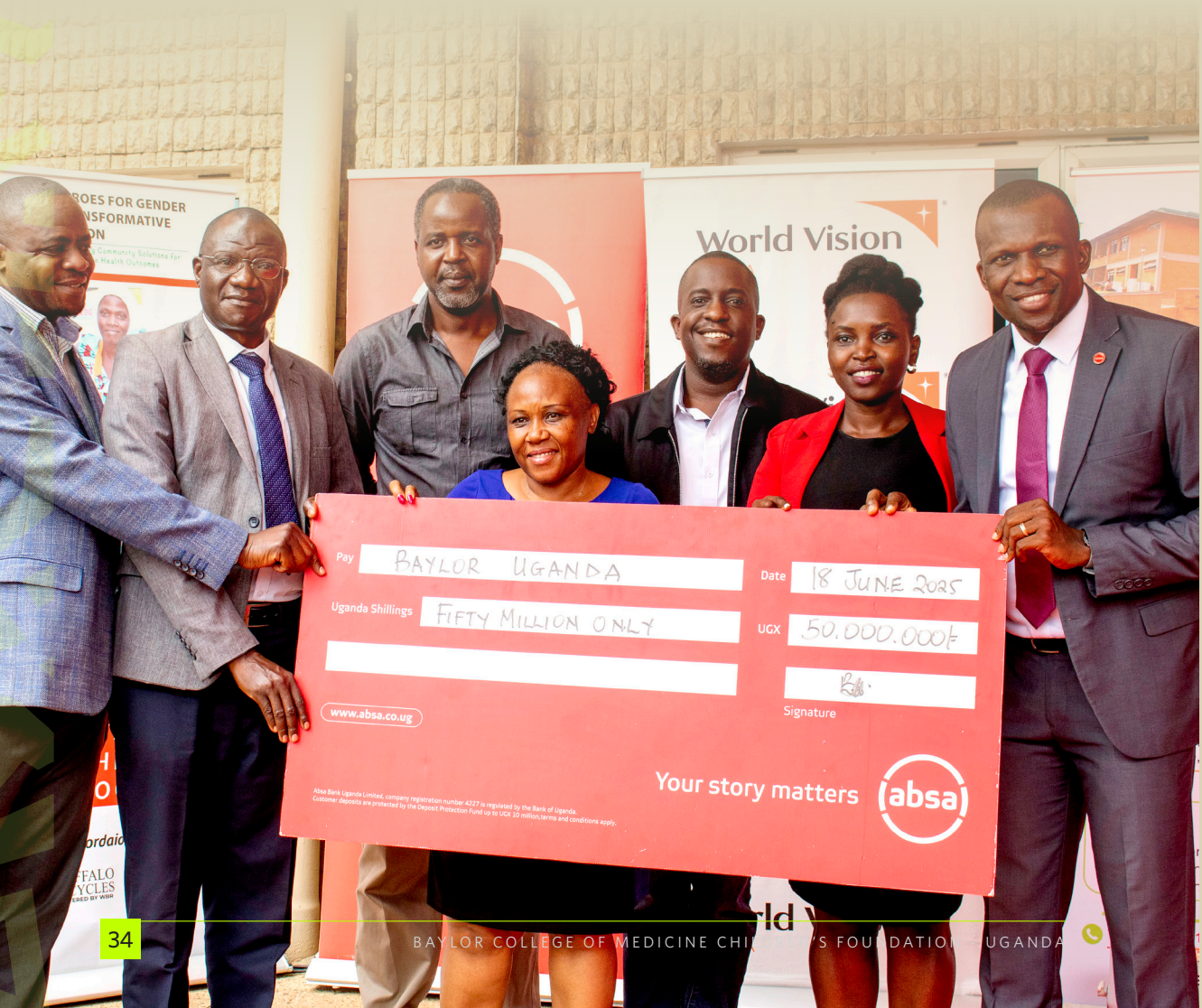


A phlebotomist collects a blood sample from a baby for Early Infant Diagnosis PCR testing

GRAPH SHOWING THE PERFORMANCE OF SELECTED KEY PMTCT INDICATORS

Indicator	Mbale	Karamoja	Fort Portal	Mubende	Hoima	Total
# of Pregnant women with known HIV status	162,422	13,579	122,213	80,062	122,204	500,480
# of HIV positive pregnant women identified	2,604	147	4,391	4,568	4,468	16,178
HIV positives linked to ART	99.4%	99%	100%	100%	98.7%	99.5%
HIV exposed infants tested 1st PCR within 12 months of birth	88.3%	50.0%	109%	97%	107.3%	90.3%
HIV exposed infants tested 1st PCR within 2 months of birth	76.9%	39.0%	101%	90%	97.7%	80.8%
MTCT rate	2.7%	1.1%	1.6%	1.1%	2.6%	1.8%

STRENGTHENING PARTNERSHIPS TO STRENGTHEN HIV PREVENTION FOR ADOLESCENTS



Pay	BAYLOR UGANDA	Date	18 JUNE 2025
Uganda Shillings	FIFTY MILLION ONLY	UCX	50,000,000
www.absa.co.ug		Signature	<i>[Signature]</i>

ABSA Bank Uganda Limited, company registration number 4227 is regulated by the Bank of Uganda. Customer deposits are protected by the Deposit Protection Fund up to UGX 10 million, terms and conditions apply.

Your story matters 

DREAMS PROJECT

- **Empowering Young People, Strengthening Communities:** Baylor Foundation Uganda has strengthened HIV prevention for Adolescent Girls and Young Women (AGYW) and Adolescent Boys and Young Men (ABYM) through the following interventions:
- **Socio-economic Empowerment and Educational Support:** We supported 19,573 vulnerable AGYW in the Rwenzori, Bunyoro, and Elgon regions between 10 and 24 years of age to access vocational skills training. In addition, 4,025 AGYW received soft skills training, while 4,456 received school fees to enable them to continue their education.

ABSA PROJECT

- **Keep the Girl Child in School Initiative:** Through a UGX 50 million donation from the ABSA KH3-7 Hills Run proceedings, ABSA supported an additional 226 girls in Mityana (40), Mubende (58), Kassanda (34), and Fort Portal City (94). The girls in sub-candidate classes (P.6 and S3) and candidate classes (P7 and S4) received education subsidies, including tuition fees, scholarly materials (books, pens, mathematical sets), candidate registration fees, uniforms, and lunch.

TASO-GLOBAL FUND SUB-AWARD (GC7)

- **Adolescent Boys and Young Men (ABYM):** The GC7 project enrolled 4,000 ABYM for the 'No Means No' curriculum in the Fort Portal and Mubende regions. The project supported the treatment of more than 150 partners of the ABYM for sexually transmitted infections; 38 received PrEP, and 1,337 condoms, while 299 partners received self-testing kits. The GC7 project further provided HIV prevention services to 8,269 adolescent boys and young men (ABYM).
- **Health Services for Most-At-Risk Adolescents:** A total of 28,912 AGYW received a comprehensive range of clinical interventions. These interventions included HIV testing services, screening and initiation of pre-exposure prophylaxis and post-exposure prophylaxis, screening and management of sexually transmitted infections, screening, violence prevention and response services, mental health psychosocial support, distribution and promotion of condoms, among others. Additionally, 1,157 other vulnerable populations received HIV prevention services.

Health Services for Most-At-Risk Adolescents:

Soft skills

- Soap and Vaseline making,
- Vegetable growing
- Bag Making
- Bakery
- Basket Making
- Beading
- Book making
- Craft bags
- Craft shoe making
- Crocheting

Vocational skills

- Tailoring
- Hairdressing
- Computer
- Plumbing
- Welding
- Electrical work,
- Painting
- Metal fabrication
- Bricklaying, carpentry, joinery, and motorcycle mechanics

UNICEF PROJECT: HIV PREVENTION AND REPRODUCTIVE HEALTH PROGRAM FOR ADOLESCENTS AND YOUNG PEOPLE



School children at Kiryandongo Secondary School following a school outreach

Baylor Foundation Uganda, with support from UNICEF, also implemented a comprehensive and multisectoral HIV prevention and reproductive health program for the most at-risk AGYW in the high-burden districts of Kamwenge, Kiryandongo, and Tororo. The goal of the project is to reduce new HIV infections and improve reproductive health outcomes. The project aims to achieve this by strengthening the coordination of multisectoral HIV/TB, as well as sexual and reproductive health and rights responses, and by building the capacity of health and community workers to deliver quality and friendly services.

Achievements

- All three districts (100%) developed multisectoral plans for the AGYW HIV prevention response.
- We trained 54/57 (95%) AGYW peers on Integrated health services
- 41/53 (77%) of the target health facilities are implementing peer-led adolescent health services.
- Six thousand nineteen (6,919) AGYW attended one antenatal care visit, and 97% (6,711) got to know their HIV status.
- We conducted 14 school-based health outreaches, reaching 16,718 adolescents with information on prevention of sexual exploitation and abuse (PSEA), HIV/AIDS prevention, menstrual hygiene, oral health promotion, and sexual and reproductive health, among others.

SUCCESS STORY: TEEN MOTHER EMPOWERED FOR A BRIGHTER FUTURE



Kyohirwe Jesca plaiting one of her peers

Kyohirwe Jesca, 24, comes from Bujiguru village in Rwabaranga Parish, Kagadi District. Before joining the programme, she supported herself through small-scale farming, having dropped out of school in Primary 5 due to financial challenges. One Sunday at church, she heard an announcement about Baylor Foundation Uganda’s program that was enrolling vulnerable adolescent girls and young women (AGYW). “I saw this as a rare opportunity to gain practical skills and change my life and that of my children,” she says.

Once enrolled, Jesca began attending weekly peer-facilitator sessions, mentorship groups, and specialized workshops. Through these sessions, she deepened her understanding of HIV prevention and received treatment for STIs and other health-related issues. Her commitment and growth led to her selection for vocational training in hairdressing at the Heart and Hands Institute in Kyenjojo.

At the institute, Jesca has mastered a wide range of hairdressing techniques, including crochet extensions, knotless braids, blow-drying, styling, cornrows, retouching, pencil twists, triple braiding, washing, and setting. She now feels confident and empowered. Jesca’s dream is to open her own salon—not just to earn a living, but to create a space where she can also train and mentor other young women who haven’t had access to vocational training. “Besides the salon, I plan to continue farming to supplement my income and invest further in the business,” she intimates. “I am confident that with my earnings now, I can fend for my two children,” she adds.

She extends her heartfelt gratitude to the Baylor Foundation Uganda and TASO for providing her with this life-changing opportunity. Jesca is now committed to paying it forward by sharing her skills with other vulnerable girls in her community, helping them build brighter futures just as she has begun to make hers.

ENSURING SAFE MOTHERHOOD AND NEWBORN SURVIVAL



In collaboration with the Ministry of Health and with financial support from the ELMA Foundation, Baylor Foundation Uganda contributed to the project goal of reducing maternal and neonatal mortality in mid-western (Bunyoro and Rwenzori) Uganda by 32% and 22%, respectively, through the following interventions:

Capacity building for health workers in Emergency Obstetric and Newborn Care (EmONC): We delivered a comprehensive package of interventions to improve maternal, newborn, and child health (MNCH) services that included two rounds of mentorship in Emergency Obstetric and Newborn Care (EmONC), reaching 332 health providers (Medical Officers, Midwives, and Nurses). We also procured and distributed 18 simulator kits for neonatal resuscitation skills practice; the skills gained resulted in a 95% success rate in handling babies with birth asphyxia who were discharged alive; placement of four health workers at the Clinical Centre of Excellence for skills development in newborn care; and secondment of four Newborn Intensive Care Unit (NICU) staff to health facilities.

Protecting Infants Remotely by SMS Technology: The project deployed Augmented Infant Resuscitator (AIR) / Protecting Infants Remotely by SMS (PRISMS) Technology

in seven health facilities and trained (59) health workers on its use; procured and distributed neonatal resuscitator kits; provided attendant gowns and NICU scrubs; and supported referral of babies and mothers with complications for further management.

Strengthening Newborn Survival through NEST Implementation: Of the 28 supported comprehensive emergency obstetric and neonatal care (CEmONC) sites, 25 (89%) had appropriate and functional equipment as defined by the Nurturing Every Newborn in Sub-Saharan Africa (NEST) implementation toolkit, compared to 17 out of 28 sites (61%) at baseline—demonstrating significant progress in improving readiness for quality newborn care.

Infection Prevention and Control (IPC): During the reporting period, the eight targeted hospitals achieved the 90% adherence target to IPC standards, primarily due to improved compliance with hand hygiene practices, the use of personal protection equipment (PPE), and the revitalization of the IPC committees. We observed an improved trend in mortality reviews at CEmONC sites, from 73% (31/42) in 2023/24 to 83% (35/42) in 2024/25.



Healthcare workers receive hands-on training in essential newborn care using a simulation dummy
Photo Credit: Empower Programme

ACHIEVEMENTS

The institutional neonatal mortality rate (INMR) was 5 and 3 per 1,000 live births in Bunyoro and Rwenzori, respectively, indicating a 20% reduction from FY23/24.

The Institutional Maternal Mortality rate (IMR) was 67 and 54 per 100,000 live births, indicating a 25% reduction from FY23/24.

About, 11,240 newborn lives were saved in FY24/25), surpassing a yearly target of 8,333 for the two regions.

Trained and equipped resuscitation teams attended to all (16,419) caesarean section deliveries across 13 supported health facilities.

Birth Asphyxia case fatality was (160/2207) 7.2% in Bunyoro and (156/2286) 6.8% in Tooro, representing 52% and 38% reduction from the baseline, respectively.

Hypothermia among small and sick babies was (329/10337) 3%, compared to (620/10357) 6% at the end of FY23/24; thus, intensified efforts were made to improve its diagnosis, management, and documentation.

Late onset neonatal sepsis affected (422/7,897) 5% of the babies, down from (444/7,625) 6% at the end FY23/24 following a package of intervention to improve infection Prevention and Control (IPC) as well as mentorships to improve diagnosis, documentation and reporting.

EMPOWERING WOMEN FOR BETTER REPRODUCTIVE HEALTH OUTCOMES (EMPOWER) PROGRAMME

Empowering Women for Better Reproductive Health Outcomes (EMPOWER) is a five-year programme funded under Accountable Grant Number 400034-401 by the United Kingdom (UK) Department for Foreign, Commonwealth & Development Office (FCDO).

Pathfinder International leads the implementation of the EMPOWER programme, working in a consortium with Baylor Foundation Uganda, the Association of Obstetricians and Gynaecologists (AOGU),

Communication for Development Foundation Uganda (CDFU), and Uganda Youth and Adolescent Health Forum (UYAHF), across 50 districts in Uganda.

The UK is supporting the GOU to reduce preventable deaths of mothers and children by (a) strengthening public sector health systems; (b) equipping health workers with the capacity to deliver lifesaving reproductive and maternal health services, and (c) addressing misinformation and harmful gender norms around reproductive health



Healthcare workers receive hands-on training in essential newborn care using a simulation dummy
Photo Credit: Empower Programme

STRENGTHENING PREVENTION, DETECTION AND RESPONSE TO PUBLIC HEALTH THREATS



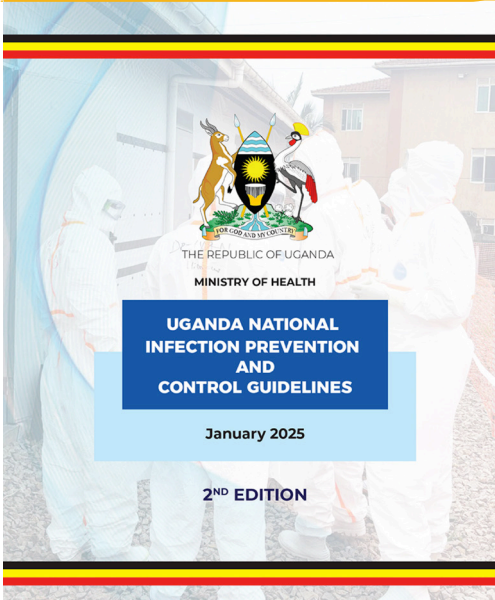


DR. PETER ELYANU

Director of Global Health Security

Baylor Foundation Uganda, with support from the US CDC, USAID (FCDO and the Fleming Fund), PATH, and other partners, collaborated with the Government of Uganda to strengthen prevention, early detection, and rapid response to public health threats and emergencies in communities.

PREVENTION: STOPPING OUTBREAKS BEFORE THEY START



Launch of the Second National Action Plan for Health Security (NAPHS II 2024/25–2029/30): Following the 2023 Joint External Evaluation (JEE), Uganda developed its second NAPHS to address priority gaps in the International Health Regulations (IHR). The Baylor Foundation Uganda, with funding from the US CDC, provided financial and technical support throughout the development process.

Uganda National Infection Prevention and Control (IPC) Guidelines finalized and launched: With technical and financial support from the Baylor Foundation Uganda and its partners, the Ministry of Health developed guidelines to provide clear, standardized procedures for reducing infection risks among patients, healthcare workers, and communities. The launch represents a significant milestone for Uganda’s IHR/JEE core capacities.

Improving routine immunization and HPV vaccination: Through the COVID-19 Delivery Support (CDS3) sub-grant, funded by Gavi through PATH, Baylor Foundation Uganda strengthened routine immunization in five districts (Kamwenge, Kitagwenda, Bunyangabu, Ntoroko, and Kiryandongo) by:

- Engaging 174 key stakeholders across all five districts to identify and address challenges, misconceptions, and myths related to routine immunization.
- Achieving 93% (13,088/14,022) HPV vaccination coverage among line-listed eligible girls.
- Supporting 10,031 children to be vaccinated across 280 outreach sessions.

Combating Antimicrobial Resistance (AMR) through a One Health approach: With funding from the UK Fleming Fund (managed by Mott MacDonald) and the US CDC, the Baylor Foundation Uganda supported the national implementation of Uganda’s AMR National Action Plan by:

- Providing technical leadership in the development and launch of Uganda’s Second National Action Plan on AMR (2024–2029).
- Strengthening AMR surveillance and laboratory capacity, expanding coverage across the following sectors:
 1. Environmental health: 39% to 81%
 2. Human health: 53% to 83%
 3. Animal health: 38% to 60%
- Increasing AMR data generation and use for evidence-based decisions in human, animal, and environmental health.
- Supporting antimicrobial stewardship through facility-specific antibiograms and regular clinician-

laboratory interface meetings.

- Advancing AMR governance and advocacy by contributing to:
 4. Establishment of a Parliamentary Forum on AMR
 5. Uganda's first One Health AMR Surveillance Report (2024) and two national AMR policy briefs
 6. National events, including World Antimicrobial Awareness Week 2024 and the 9th National AMR Conference.

DETECTION: IDENTIFYING PUBLIC HEALTH THREATS EARLY

Building laboratory leadership and quality systems: The Uganda Public Health Fellowship Programme – Laboratory Leadership Program (LLP), a post-master's through-service training implemented by the Ministry of Health through Uganda National Institute of Public Health with support from the Association of Public Health Laboratories, Makerere University School of Public Health, and Baylor Foundation Uganda, graduated its first cohort of five fellows in 2023. The fellows are now leading improvements in national and subnational laboratory systems.



Learning from outbreaks through Early Action Reviews: In collaboration with regional Public Health Emergency Operations Centres and districts, the Baylor Foundation Uganda supported 14 Early Action Reviews for priority outbreaks and public health events in the Bunyoro, Rwenzori, and Mubende regions. Through US CDC funding, district rapid response teams were able to conduct timely signal verification, investigation, and documentation of lessons learned, strengthening early detection and response capacities.

RESPONSE: SUPPORTING RECOVERY AND BUILDING STRONGER SYSTEMS

Ebola Sudan Virus Disease (SVD) outbreak response: On 29 January 2025, Uganda confirmed an outbreak of Ebola caused by the Sudan Virus. With funding from the US Government (CDC and USAID) and the UK FCDO, the Baylor Foundation Uganda provided critical financial and technical support to the Ministry of Health for outbreak coordination, surveillance, IPC, and the Survivors' Programme.

Uganda reported 14 cases (12 confirmed, two probable) and four deaths (case fatality rate 29%), lower than previous Ebola outbreaks in the country. Baylor Foundation supported:




3,706

Health workers in 10 districts oriented on alert management, active case search, and mortality surveillance.



3,367

Village health teams and community resource persons were trained on community-based disease surveillance.



2,411

Health workers oriented on IPC in 636 public and private health facilities. Provision of mental health and psychosocial support for contacts and survivors, facilitating safe reintegration into communities.

Baylor Foundation Uganda also supported the provision of mental health and psychosocial support for contacts and survivors, facilitating safe reintegration into communities.

Mpox outbreak response and community engagement: By June 2025, Uganda had reported a cumulative 7,403 confirmed Mpox cases. With funding from the US CDC and the UK FCDO, Baylor Foundation Uganda supported the Ministry of Health's coordination, surveillance, laboratory, case management, and risk communication/community engagement interventions, contributing to a marked decline in cases.



A village health team member sensitizes a community member in Kabarole District about Ebola after receiving training on community-based diseases surveillance during the 2025 Sudan Ebola virus outbreak

SUCCESS STORY: FROM FEAR TO RESILIENCE: AN EBOLA SURVIVOR'S JOURNEY



Mary (second from left) with family and neighbors

Mary Kemigisa, a farmer from Kyegegwa, faced an unimaginable double tragedy after losing her niece and two-week-old grandchild to the Sudan Ebola virus. Mary had sought medical help for the child at Karugutu Health Centre IV, unaware of the infection.

Following the child's death, the district health team, in collaboration with the Ministry of Health, Baylor Foundation Uganda, with support from the U.S. Department of State, traced contacts of the deceased.

By the time the team found Mary, she had severe Ebola symptoms, and 18 family members were exposed. On February 22, 2025, they admitted Mary to the Fort Portal Regional Referral Hospital's Ebola Treatment Unit and quarantined the rest of the family members. During her three-week stay, Mary received medical care and psychosocial support, including counseling from Jean, a psychologist at the Baylor Foundation Uganda. However,

she faced grief and separation from her quarantined family. With professional support and regular communication via mobile phone with her family, she was able to manage her situation effectively. Thankfully, no family members contracted Ebola.

After discharge, Mary faced stigma from her community. Community dialogues led by psychosocial teams and local leaders helped dispel myths about Ebola transmission among survivors—a cross-section of the COE laboratory staff during one of their internal laboratory review assessments. The community eventually came to accept Mary and her family. Today, Mary finds solace in her family's survival and the continued support she receives from the Survivors' program. Her story exemplifies the importance of holistic care, psychosocial support, and community engagement in helping Ebola survivors reintegrate into their communities.

SUCCESS STORY: HOW SEX WORKERS ARE CHAMPIONING ACTION AGAINST MPOX IN KAMPALA'S SLUMS



A lady with Mpxo arrives at the Kawempe Division Headquarters to receive assistance

In the heart of Ki-Mombasa in Kawempe Division, one of Kampala City's most densely populated areas, 32-year-old NJ was battling a global crisis in her own backyard. Her lodge had become a center of interest due to the increasing number of Mpxo infections.

By January 2025, the Kawempe division had reported 494 Mpxo cases, accounting for half of the cases within Kampala City. A significant number (35%) of these cases were sex workers. The numbers were rising daily, but for NJ and her colleagues, giving up their livelihood was not an option, even though it threatened their lives.

At first, they did not believe the disease was real. Was it witchcraft? The symptoms were undeniable. "The affected women all got to a point when they couldn't walk. They had swollen lymph nodes and skin nodules with pus and were experiencing unbearable pain," narrates NJ.

The Ministry of Health and Kampala Capital City Authority, in collaboration with Baylor College of Medicine Children's Foundation-Uganda, with support from the FCDO, rapidly moved to educate sex workers in the division about Mpxo. They educated them about how the virus spreads, how to recognize its symptoms, and how to prevent its spread.

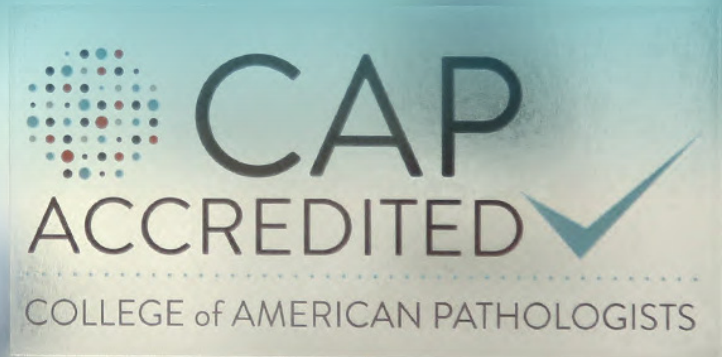
The team printed posters in multiple languages and trained 250 village health team members to raise awareness within the hotspot areas.

NJ was among the first to attend a community awareness meeting. Armed with information, she became a frontline advocate—identifying suspected cases, alerting health officials, and ensuring those infected got timely care. "When the health officials returned the results, they evacuated Mpxo cases to the Treatment Center," narrates NJ, who had witnessed four of her colleagues suffer. Unfortunately, one of them succumbed to the disease, leaving behind an eight-month-old baby now under her care.

Together with other women, she introduced strict hygiene measures at the lodge, including daily washing and ironing of bed sheets, disinfection of premises, improved lighting to spot symptoms, and refusing service to symptomatic clients. The Ministry of Health has also vaccinated over 5,279 sex workers to prevent the transmission of the Mpxo virus. Today, the cases in Kawempe Division have decreased drastically, from 494 Mpxo cases to fewer than 50 as of March 2025.

THE BAYLOR FOUNDATION UGANDA CLINICAL CENTER OF EXCELLENCE LABORATORY

PROUD TO BE A CAP-ACCREDITED LABORATORY



BUILDING A STRONGER HEALTH WORKFORCE TO ADVANCE PEOPLE-CENTERED HEALTH SERVICES



DR. LETICIA NAMALE

Director of Health Systems Strengthening

The Baylor Foundation Uganda continues to strengthen health systems through a holistic approach, anchored on the six WHO building blocks: health financing, leadership and governance, human resources for health, health information systems, laboratory, supply chain management and service delivery. By working closely with the Ministry of Health, district health teams (DHTs) and local authorities, Baylor Foundation Uganda has enhanced the capacity of health workers and institutions to deliver efficient, equitable and people-centered care.

FINANCING HEALTH SYSTEMS: BALANCING EFFICIENCY AND QUALITY

\$779,869
 Total funds disbursed through sub-grants and 98% fully accounted for.

Baylor Foundation Uganda disbursed subgrants to local authorities to strengthen and sustain the HIV response. We also provided in-kind contributions, including the refurbishment of laboratories, computers, and related equipment, as well as communication and technology systems, among others. These combined investments reinforced infrastructure, improved data systems, and strengthened oversight, thereby contributing to a more resilient and responsive health system.

ALLOCATION OF FUNDS BY SUBGRANTEE CATEGORY

	<p>\$ 567,100</p> <p>Civil Society Organizations</p>		<p>\$ 43,892</p> <p>District Local Authorities</p>	<p>The scope of implementation of the subgrants included: Patient tracking, HIV case finding through targeted community outreaches and Assisted Partner Notification, TB contact tracing, health management information system (HMIS) and district health teams (DHTs) oversight activities.</p>
	<p>\$ 143,130</p> <p>Networks for People Living with HIV</p>		<p>\$ 25,747</p> <p>Health Facilities</p>	

To maximize value for money, Baylor Foundation Uganda set predefined targets for all subgrantees, complemented with capacity building, regular technical assistance, and ongoing monitoring to track progress, alongside output verification. Through this structured approach, Baylor Foundation Uganda strengthened the financial and technical capacity of subgrantees, thereby enhancing compliance, efficiency, and sustainability in subgrant management.

ENSURING ACCESS TO ESSENTIAL HEALTH COMMODITIES & NEW TECHNOLOGIES

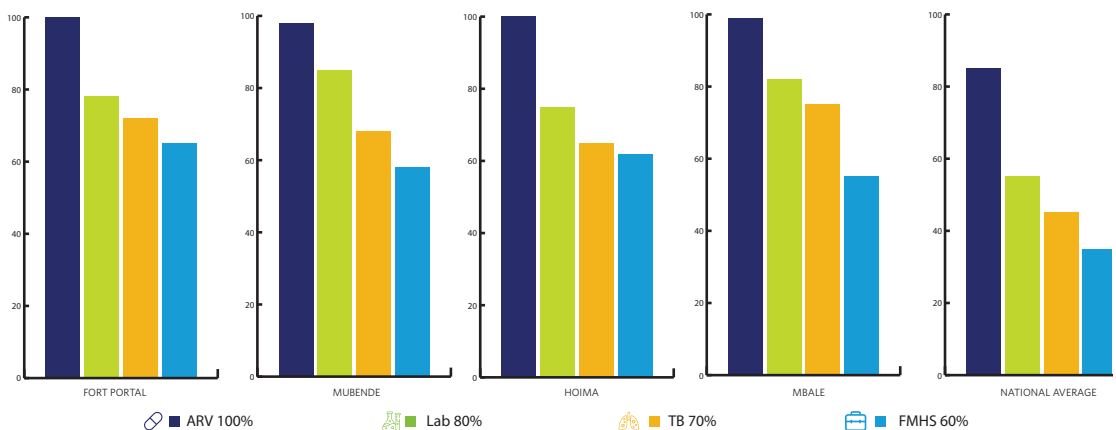
We supported the stocking of health facilities with essential medicines and supplies. This initiative was supported by the U.S. Department of State, the ELMA Foundation, the Global Fund, and the Bristol Myers Squibb Foundation, in collaboration with the Ministry of Health, National Medical Stores, Joint Medical Store, Central Public Health Laboratories, National Drug Authority, and local authorities.

In partnership with the Monitoring and Evaluation Technical Support (METS), the Ministry of Health and Health Informatics divisions, we supported districts to transition from the real-time ARV stock status to the weekly stock status system for more comprehensive monitoring of drug status, including all new HIV treatment and testing commodities, and NCD supplies.



Stock availability: Baylor Foundation Uganda team delivers essential medicines and commodities to a private not-for-profit health facility

STOCK AVAILABILITY FOR ESSENTIAL MEDICINES FOR DIFFERENT REGIONS



CAPACITY BUILDING: SUSTAINING IMPACT THROUGH CONTINUOUS LEARNING

To support the Ministry of Health's strategic shift toward people-centered, integrated healthcare, the Baylor Foundation Uganda strengthened the competencies of health workers across both acute and chronic care areas. These areas included HIV, TB, malaria, NCDs, maternal health, and other priority services.

Strengthening Regional Training & Cascading Capacity:

Baylor Foundation Uganda equipped key technical staff as regional trainers of trainers (ToTs) in the integrated delivery of health services. These trainers subsequently coordinated and conducted district-level training rollouts. The district ToT is now cascading training to health facility teams to provide equitable, people-centered, and integrated service delivery.

Overall, 2,310 health workers (60.7% female) received thematic training in cervical cancer screening, TB/HIV, care and treatment, eMTCT, HTS, and quality improvement. Post-training assessments showed an average knowledge gain of 27.1%.

In FY 2024/25, we trained 1,032 ToTs in integrated service delivery from the following supported regions:

REGION	TOTS TRAINED
Mbale	360
Karamoja	135
Bunyoro	183
Mubende	148
Fort Portal	206

Mentorship for Sustainable Skills Transfer: A structured mentor-mentee approach further strengthened the capacity of healthcare workers at the health facility levels across the regions through the following strategies:

Mentor Identification & Certification	Mentor Mapping Across Regions	Onsite Thematic Mentorships
District-led identification and certification of qualified mentors.	633 Integrated Service Delivery Mentors mapped: Fort Portal (234), Mubende (183), and Bunyoro (216).	8,788 health workers mentored through targeted, onsite thematic sessions.
Online Continuous Professional Development	Weekly Performance Review Meetings	Mentor Evaluation & Oversight

66 virtual CPD sessions were conducted to reinforce learning and skills application.	Regular reviews to track progress, address gaps, and improve service delivery.	Ongoing evaluation and oversight by District Health Officers to ensure quality and accountability.
--	--	--

As a result of implementing the mentor-mentee approach, there was improved TB case detection in private facilities in Hoima (24 confirmed cases, including MDR). Client satisfaction in the Bunyoro region also increased from 36% to 64%.

Technology-Enabled Learning: To enhance efficiency, Baylor Foundation Uganda expanded:

- ECHO/ZOOM CMEs/CPDs across 84 sites, reaching 570 health workers
- Implemented a digital mentorship tool, supporting 1,553 health workers in 380 health facilities
- Improved iHRIS coverage to 100% in Fort Portal-Mubende, Bunyoro, and Mbale regions, and trained 37 district staff to improve data use in HR planning.

Internship Program: Baylor Foundation Uganda provided 39 internships to students and young clinicians to build the capacity of the future health workforce.

"I can now independently prepare procurement documentation after receiving hands-on coaching." - BFU Procurement Intern, 2025

Enhancing Digital Capacity Building: The Baylor Foundation Uganda scaled up its online leadership training program, featuring a nine-module digital curriculum, targeting health facility in-charges, frontline health workers, and district health teams in communication, decision-making, time management, and teamwork. By Q3 2024, an average of 393 health workers enrolled per module, with an impressive 87% average completion rate. Modules such as Decision Making, Feedback at the Workplace, and Resilience achieved completion rates of 94%, 93%, and 92%, respectively.

Strengthening Learning Partnerships: In November 2024, the Baylor Foundation Uganda hosted the AIDS Information Centre (AIC) for a learning visit to help address challenges in viral load coverage and suppression performance in Soroti. AIC observed effective practices, including the use of electronic medical records, peer-led support models, district-led programming, and strong community engagement, and committed to adopting these strategies.

BUILDING OF ORGANISATIONS FOR SUSTAINABILITY TOWARDS EPIDEMIC CONTROL



Participants from the Grants Management Bootcamp Track 3.

Capacity Building of Organisations for Sustainability Towards Epidemic Control: The U.S. CDC Capacity for Sustainability (C4S) is a five-year project (2023–2028) designed to support implementing partners (IPs) across five countries: Malawi, Kenya, Tanzania, Rwanda, and Uganda. Deloitte Uganda is implementing the project as the prime partner, and Baylor Foundation Uganda is serving as a sub-awardee. Using Deloitte’s CYPRESS (Capacity, Performance, Results, Sustainability) methodology, the project assessed the organisational maturity of seven implementing partners and provided targeted support to enhance their long-term sustainability.

The assessment covered 10 organisational domains: Strategy, Leadership, Governance, HR Management, Financial Management, Monitoring and Evaluation, Administration and Operations, External Relations, Resource Mobilisation, and Mission Delivery. The project team evaluated each organisation using a four-level maturity scale. Four IPs were rated at the Developing level, while three achieved the Advanced level.

Maturity Level description

SCORE	MATURITY LEVEL	DESCRIPTION OF RATING
1	Basic	No capacity (Clear need for capacity building)
2	Developing	Capacity is evident but lacking in critical areas (Minimal level of capacity in place)
3	Advanced	Adequate Capacity in most areas (moderate/reasonable level of capacity in place)
4	Leading	Good capacity with only minor improvements required (High level of capacity in place)

Following the assessment, the project supported these organisations in developing and implementing tailored capacity development plans aimed at strengthening their long-term sustainability. The project also delivered priority capacity-building sessions in the areas of Service Quality Assessment and Governance.

The project team conducted a Grant Management Boot Camp, featuring three learning tracks: Proposal Development, Establishing Efficient Grant Management Systems, and Grant Implementation, Monitoring, and Close-out. In addition, the project provided a range of

capacity-building resources, including Strategic Plan and Resource Mobilization templates, Monitoring, Evaluation, and Learning frameworks, and Data Quality Assurance tools, to enable partners to adapt them to their organizational needs.

The C4S project will continue to support the seven Malawi partners as they strive to achieve higher levels of maturity. In Uganda, C4S will onboard and support 37 local authorities, offering tailored capacity-strengthening assistance to advance sustainable epidemic control.



Participants writing down key presentation points during a capacity-building exercise under the U.S. CDC Capacity for Sustainability (C4S) project

STRENGTHENING LEADERSHIP AND GOVERNANCE TO IMPROVE HEALTH SERVICE DELIVERY



RCC shakes hands with the Project Manager during a site visit at Hoima Police HCIII, while Dr. Dithan Kiragga, Executive Director of Baylor Foundation Uganda (left), and Chairman PSC (right) look on.

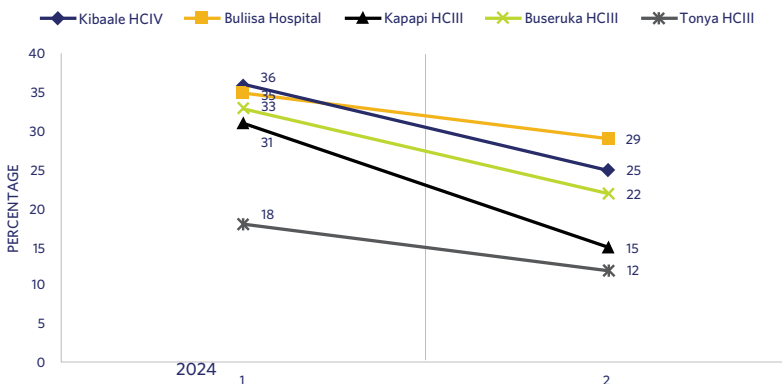
During FY2024/25, the average monthly number of laboratory tests done increased from **1,371** to **6,475**.

Deliveries improved from **553** to **612**

Out-Patient Department visits increased from **371** to **5,808**

Using Continuous Quality Improvement to Enhance Health Worker Attendance to Duty: To address organized absenteeism that undermines the quality of HIV/TB services, BFU employed innovative data-driven approaches to track health worker attendance in eleven health facilities across Hoima, Buliisa, and Kibaale districts. The initiatives have resulted in a significant decline in absenteeism, as illustrated in the graph below. The quality improvement initiatives included: regularly updating duty rosters, auditing attendance registers, and involving Health Unit Management Committees, Chief Administrative Officers, District Health Officers, and District Health Teams. They were responsible for monitoring duty attendance and sanctioning health workers who attend duty for fewer than 15 days a month.

STAFF ABSENTEEISM



SUCCESS STORY: HOW NAMAKWEKWE HCIII TURNED CLIENT FEEDBACK INTO BETTER HEALTH SERVICES

Namakwekwe Health Centre III in Mbale City was struggling just a year ago. Its leaking roofs, peeling paint, shattered windows, and flapping iron sheets painted a grim picture for patients and staff.

Serving over 27,000 people, including 715 patients living with HIV, the facility faced a mounting crisis. The maternity ward lacked privacy, the absence of an ambulance delayed emergency referrals, and without a chronic care clinic, patients with long-term conditions were left unattended. Additionally, departments worked in silos, morale was low, and poor customer service pushed many community members to seek care elsewhere.

Everything began to change in November 2024, when Baylor Foundation Uganda mentored the facility's leadership on the Ministry of Health's Results-Based Community and Facility Improvement (RCSFI) approach. Guided by the 5S Quality Improvement model—Sort, Set in order, Shine, Standardize, Sustain—and strengthened through active community engagement, the team addressed client feedback head-on.

They started small: holding monthly staff meetings to review complaints and progress, forming a planning committee to identify priorities, and coordinating departments to share resources. Soon, significant changes followed. Namakwekwe HCIII became one of the first facilities in the region to pioneer a chronic care clinic, even

before the Ministry's wider rollout. Staff took turns running the clinic, ensuring continuity of care. Baylor Foundation Uganda also supported the redistribution of medicines and logistics to end persistent drug stockouts.

The leadership went further, investing UGX 68 million from the Primary Health Care Fund to repair roofs and repaint walls, thereby restoring the facility's dignity. Inspired by visible progress, the community rallied behind the cause—raising funds for a motorcycle ambulance and 60 meters of curtains to restore privacy in the maternity ward.

"Regular phone call reminders, drug availability, curtains in the windows, and timely appointments made a big difference. Clients returned for services," shares Shifa Nanduntu, a 23-year-old client living positively in a discordant relationship.

The impact has been remarkable. The new motorcycle ambulance facilitated 77 emergency transfers to Mbale Regional Referral Hospital, saving lives. And the number of mothers delivering at the facility tripled—from 30 in January to 100 by June 2025.

Namakwekwe HCIII's transformation demonstrates what's possible when health facilities listen to their clients, act on feedback, and collaborate closely with their communities. Once a symbol of decline, it is a model of resilience, teamwork, and patient-centered care.



Installed window curtains at Namakweke HC III have improved patient privacy.

620

ART SITES

Baylor Foundation Uganda supported 620 sites in all the regions to provide ART services through the integrated service approach. All these sites are expected to digitise their data to facilitate data capture reporting and use.

581

EXPANDED
EMR SITES

94% (581) sites were supported to run EMR system for data capture and reporting. This initiative has enhanced quality reporting and data use for decision making.

139

EMR

139 sites were supported to run an expanded EMR system referred to as point of care EMR. This system facilitates real time data capture and use at service points.

15

EAIFYA

eAFYA is a new national system currently piloted at selected hospitals and HCIVs. These will serve as learning centres during the scale-up process.

ART SITES DIGITIZED

94%

"We've seen a significant improvement in data accuracy and reporting timeliness," says a District Biostatistician from Bulliisa. "With DHIS2 dashboards and EMR integration, health workers can now track performance and plan interventions based on evidence."

"Our goal is not just to collect data, but to turn it into action that saves lives," says Kiiza Patrick, HIS and ICT Specialist. "Each improvement in data quality brings us closer to stronger, smarter, and more responsive health systems."

QUALITY LABORATORY SERVICES: ACCREDITABILITY, ACCESS AND RELIABILITY



Laboratory Technologist at Baylor Foundation Uganda performing C-reactive protein (CRP) tests to support TB screening

During the reporting period of FY 2024/25, the Baylor Foundation Uganda strengthened laboratory systems to ensure consistent, timely, and reliable diagnostic services, which are essential for effective patient management. In Uganda's health delivery system, particularly for HIV, TB, and malaria, laboratory services form the most accessible and cost-effective diagnostic entry point for care.

To improve the quality and efficiency of laboratory services, Baylor Foundation Uganda implemented a comprehensive package of interventions. These included laboratory infrastructure upgrades, support for international accreditation, implementation of Laboratory Quality Management Systems (LQMS), equipment service and maintenance, monitoring of testing quality, rollout of Laboratory Information Management Systems and Point-of-Care technologies, rapid scale-up of Health Information Exchange, and continuous in-service training and mentorship for laboratory personnel.

Monitoring Quality of Testing: The Baylor Foundation Uganda supported over 546 laboratories across the Fort Portal, Mubende, Bunyoro, and Mbale regions to provide testing in line with the Ministry of Health (MoH) test

menus appropriate to their service level. The support included both on-site testing and sample referrals to 49 MoH laboratory hubs and GeneXpert sites, facilitated by an established sample transport and results transmission network

546

Peripheral laboratories supported to provide testing commensurate to their level of service.

22

Out of 27 laboratory hubs achieved and sustained international accreditation to either ISO 15189:2022 or CAP.

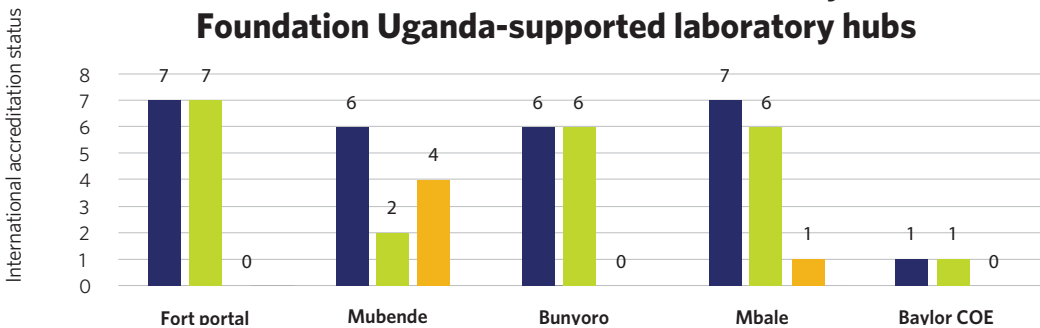
International Accreditation and Quality Improvement:

To strengthen quality assurance, the Baylor Foundation Uganda supported laboratories in meeting Continuous Quality Improvement (CQI) and accreditation targets. As a result, 22 of the 27 supported laboratories have achieved and sustained international accreditation under ISO 15189:2022 or College of American Pathologists (CAP) standards. Notably, we also refurbished the Kiboga Hub Laboratory to meet the MoH's infrastructural certification standards.



Bududa district team celebratory laboratory accreditation

International accreditation status of Baylor Foundation Uganda-supported laboratory hubs





A cross-section of the COE laboratory staff during an internal performance review assessment

Accredited laboratories are increasingly recognized by district leadership as key to delivering quality, timely, and accurate results. The COE laboratory sustained its College of American Pathologists (CAP) accreditation and the DAIDS Clinical Laboratory Oversight Team (DCLOT) certification, enabling approval to conduct advanced testing—including Haematology, Clinical Chemistry, HIV, and Urinalysis—which has boosted its income generation potential.

Proficiency Testing: The Baylor Foundation Uganda provided technical assistance (TA) to health facilities participating in national and external proficiency testing schemes, including HIV, CD4, TB GeneXpert, viral load, and EID POC, serum CrAg, syphilis, and others. The TA included reviewing performance feedback, implementing corrective actions, and ensuring timely delivery and response to proficiency testing panels. Performance remained strong, with average satisfactory scores consistently maintained above **97%**, and many health facilities achieving a perfect **100%**.

The turnaround time for viral load results improved from an average of 23 days to 3 days.

Enhancing Laboratory Information Systems and Equipment Maintenance: All 546 peripheral laboratories continued to implement LQMS according to their level of care. Working with the Ministry of Health, Baylor Foundation Uganda expanded electronic viral load requests and results return through health information exchange using EMR and extended laboratory information management systems.

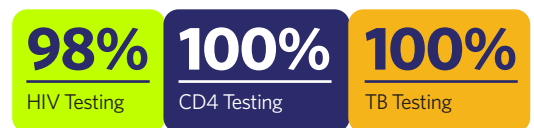
This innovation reduced the turnaround time for viral load

results from an average of 23 days to 3 days.

Additionally, Baylor Foundation Uganda provided technical support to regional maintenance workshops and contracted service providers, ensuring 100% equipment servicing and minimal downtime, including calibration of over 53 automated machines. These interventions have led to improved patient care outcomes and progress toward achieving the 95-95-95 targets. Facilities are now experiencing:

- Reduced commodity expiries
- Reduced sample rejection rates below national targets
- Faster test turnaround times
- High-quality test results, with **100%** External Quality Assessment (EQA) satisfactory performance for CD4 and TB GeneXpert, and over **98%** satisfactory performance for HIV testing.

EQA performance for the key laboratory tests



DIGITIZING HEALTH SERVICE PROCESSES FOR EVIDENCE-BASED ACTION



Patrick Kiiza, a Health Information Systems and Communications Technology Specialist, guides the Dwooli HCIII (Hoima district) team on how to use the eAFYA EMR system

Over the past year, Baylor Foundation Uganda has strengthened Uganda's digital health landscape through strategic investments in Health Information Systems. By integrating technology, data governance, and capacity building, Baylor Foundation Uganda has enabled district health teams to access timely, accurate, and actionable data, supporting improved decision-making and service delivery. Working closely with the Ministry of Health and district health teams, we have supported the achievement of the following:

- The rollout and maintenance of national digital platforms, including DHIS2, eAFYA, Uganda Electronic Medical Records (EMR), and the Health Information Exchange. These systems
- have enhanced data flow, real-time reporting, and patient-level service tracking, strengthening overall health system performance.
- We have further trained over 400 data officers, clinicians, and records assistants on digital tools, data visualization, and evidence-based use of information.
- We have upgraded our servers, secure networks, and reliable connectivity to enhance both data accessibility and cybersecurity, ensuring that health information is reliable and protected. Real-time dashboards support program reviews and decision-making, contributing to improved care outcomes, such as enhanced HIV linkage in Mubende.

ADVANCING HEALTH THROUGH RESEARCH AND INNOVATION





DR. PATRICIA NAHIRYA NTEGE

Director of Research

In line with our goal to strengthen research that informs health policy and programs, the Baylor Foundation Uganda Research Directorate has made significant progress in establishing a strong foundation for evidence-based interventions and continuous improvement in health service delivery- particularly in the areas of HIV, TB, maternal, newborn, adolescent, and child health (MNCAH). The Directorate continues to champion innovation and digitalization in data management to enhance the impact of our research and program effectiveness.

Key Achievements in FY 2024/25:

Research Output: The organization produced 22 peer reviewed publications, more than doubling its annual target. Peer-reviewed publications can be accessed via the QR code below:



Advancing Research, Innovation, and Global Visibility:

In FY 2024/25, There was an increase in the number of publications from 32 staff members presented over 48 abstracts at major local and international conferences, showcasing Baylor Foundation Uganda’s growing contribution to global health research. At the INTEREST 2025 Conference in Windhoek, Namibia, Mr. Clark Joshua Brainwong, HIV and TB Services Officer, received the Best Oral Presentation and the Charles Boucher Award for his outstanding presentation on “Using Electronic Community-Based Surveillance Data for Geospatial Mapping of TB Hotspots.”

Baylor Foundation Uganda researchers also shared and exchanged insights at several key scientific gatherings, including:

- AIDS 2024, the 25th International AIDS Conference, Munich, Germany
- Uganda Society for Health Scientists 23rd Annual Scientific Conference
- Global Health Network Meeting (NWM 2024)
- 1st Makerere Bioethics Conference, November 11-12, 2024, Hotel Africana, Kampala
- 2025 Conference on Retroviruses and Opportunistic Infections (CROI), San Francisco, USA
- 3rd International Paediatric HIV Symposium in Africa (IPHASA), December 3-5, 2024, Mestil Hotel, Kampala
- 19th International Conference on HIV Treatment, Pathogenesis, and Prevention Research (INTEREST 2025), Windhoek, Namibia.



(L-R) Dr. Moses Mugerwa, Ms. Rebecca Nabukenya and Mr. Clark Joshua Brainwong at the INTEREST 2025 Conference

Driving New Frontiers in Research: The number of ongoing and newly initiated studies rose to 26, led by 12 principal investigators (PIs), demonstrating the Foundation's strengthened research leadership.

- Baylor Foundation Uganda, through the DSPACE Study, is using data science to integrate electronic health records (EHRs) with multi-omics data to predict and improve health outcomes for HIV-infected children. This study focuses on early detection and intervention for Metabolic Syndrome (MetS) to prevent the development of type 2 diabetes and heart disease. It also examines the development of non-sputum diagnostic biomarkers for tuberculosis (TB) diagnosis. These efforts will equip clinicians with innovative tools to provide adequate care for HIV-infected children.
- Exploring the use of ethical, legal, and policy implications related to EHRs and genomic data linkage in pediatric populations to guide ethical and child-protective data governance in African health systems.
- Using data from the DPART Study (Dihydroartemisinin-Piperaquine) and the MetS Study (Metabolic Syndrome) in the OPTIMAH Study (Optimizing Treatment for Malaria and HIV), with funding from the U.S. National Institutes of Health in collaboration with Yale University, the University of California, San

Francisco, and the Infectious Diseases Research Collaboration, to assess evolving patterns in antiretroviral and antimalarial therapy, resistance, and metabolic outcomes among Ugandan children.

- As part of Baylor Foundation Uganda's digital transformation, the Research Directorate implemented over nine web-based databases to enhance research efficiency and data management.
- The Foundation also expanded into Implementation Science through the Uganda Local Implementation Science Alliance (ULISA) grant, aiming to strengthen national capacity by focusing on HIV/NCD integration and long-acting prevention solutions.

Global Research Training and Mentorship: Through the Integrated Networks of Scholars in Global Health Research Training (INSIGHT) consortium - established between the University of Alabama at Birmingham, Baylor College of Medicine, the University of Maryland, Baltimore, and the University of Pittsburgh - the Baylor Foundation Uganda is hosting three fellows who received competitive grants under this program. The program helps train the next generation of global health scholars from the U.S. and low- and middle-income countries (LMICs) through mentored research experiences at 24 partner institutions in LMICs across 19 countries in Africa, Asia, Latin America, and the Caribbean.



Mirembe Angella Nanteza is implementing "Neurodevelopmental Outcomes and Associated Factors Among Children Born to Mothers Living with HIV in Uganda.



Dr. Irene Kinera is implementing "Post Tuberculosis Lung Disease among children in Uganda, PTLD Study



Dr. John Mukisa is implementing "Exploring the critical link between the Gut microbiome and Immune activation in Ugandan Infants (ELGIN study).



Baylor Foundation Uganda staff members who participated in the NIH Grants Writing and Post-Award Grants and Policy Management training

Building Grants Management

Competencies: In December 2024, seven staff members from Finance, Business Development, Programs, and Research attended NIH Grants Writing and Post-Award Grants and Policy Management training at the Kenya Medical Research Institute in Nairobi, Kenya. Participants gained essential knowledge and practical tools to understand NIAID/NIH funding guidelines and U.S. Department of Health and Human Services regulations, ensuring compliance and excellence in grant management.

Developing Expertise in HIV Cure and Infectious Diseases:

In June 2025, Baylor Foundation Uganda supported key capacity-building initiatives:

- Dr. Violet Korutaro, CRS Coordinator, participated in the Research-for-Cure Academy focusing on HIV cure science, where she presented research on HIV reservoirs among Ugandan adolescents and adults on long-term ART and engaged in high-level networking and mentorship.
- Three Baylor Foundation Uganda staff attended the Weill Cornell Global Infectious Diseases Course, gaining advanced competencies on infectious diseases across women's life stages, including TB, malaria, HIV in pregnancy, and pharmacology.



(L-R) Dr. Violet Korutaro, Dr. Frank Nakayima, and Dr. Victoria Ndyabangi, who attended the Weill Cornell Global Infections Diseases Course

Research Collaborations and Community Engagement: The Baylor Foundation Uganda continues to foster a collaborative research culture that promotes knowledge sharing, cross-institutional learning, and enhanced productivity. Through staff sponsorship, hosting of fellows, and support for postgraduate students, the Baylor Foundation Uganda has established and sustained 36 active research collaborations, reflecting its commitment to evidence-based programming, institutional growth, and securing new grants and studies.

Baylor Foundation Uganda researchers further contributed to global scientific exchange through participation in key meetings, including:

- HVTN Southern Africa Regional Scientific Meeting, Cape Town
- SRA International Annual Meeting, Chicago
- IMPAACT Annual Meeting, Arlington, VA
- DAIDS Applied Research Training, Cape Town

Increased participation has led to representation on 24 scientific committees, advancing research in HIV, TB, data management, implementation science, and community engagement.



Baylor Foundation Uganda research leadership meeting with the members of the Community Advisory Board.

Baylor Foundation Uganda continues to support members from the 03 sub-Community Advisory Boards (CABs). To amplify adolescent girls' and young women's voices in HIV prevention, Y+ Global supports advocacy via the HER Voice Fund, offering grants to community groups. These initiatives include capacity building, mentorship, and peer support to help AGYW advocate for rights, access HIV services, and influence policies. Aisha Gava, an adolescent and Youth Sub-CAB member of the IMPAACT network ICAB and community representative on the IMPAACT 2024 Protocol, moderated a webinar called: "Strengthening voices of adolescent girls and young women in advancing HIV/AIDS prevention services" on April 16, 2025. CABs are essential, ensuring research is culturally sensitive, ethical, and responsive to community needs. Their involvement builds trust, boosts engagement, and leads to community-centered outcomes.

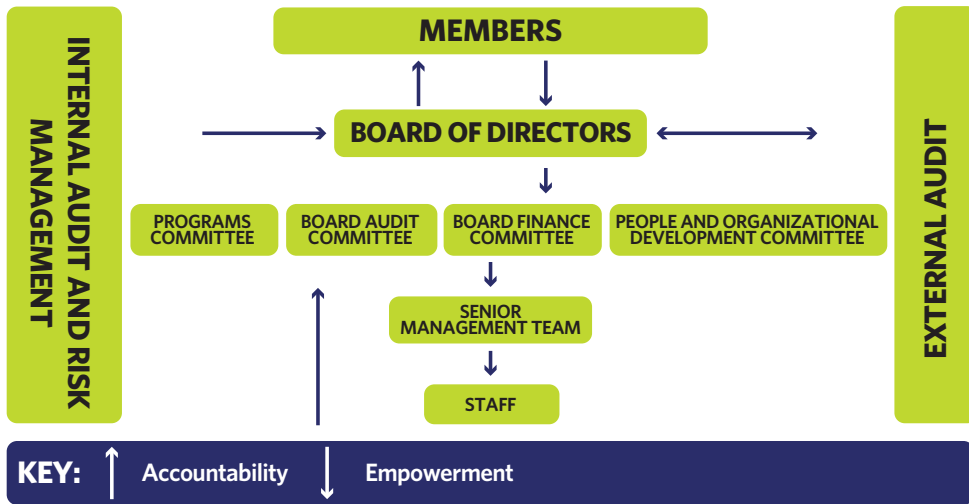
Community Advisory: The leadership of Baylor Foundation Uganda research consulted with the members of the Community Advisory Board (CAB) to gather suggestions for renewing the NIH-funded HIV Clinical Trials Networks. This input was gathered within the framework of the Division of AIDS (DAIDS) mission, which aims to promote research that discovers and develops tools and technologies to help end the HIV epidemic. This mission includes creating and evaluating prevention methods that

provide clear options for individuals throughout their lives, enhancing therapeutic options with greater safety and ease of use, developing cure strategies, and addressing both infectious and non-infectious co-morbidities to support a healthy lifespan for people living with HIV. A hybrid meeting was held where community members and CAB teams, along with Baylor Foundation Uganda Clinical Research Site (CRS) staff, discussed locally relevant research interests and abstract writing.

Community Engagement: Baylor Foundation Uganda participated in World AIDS Day 2024 in Buyende District under the theme "Take the Rights Path: My Health, My Right!", emphasizing the importance of human rights in the HIV response. The Baylor Foundation Uganda leadership also collaborated with Community Advisory Boards to identify priorities for renewing NIH-funded clinical trials networks, ensuring that research remains responsive to the community's needs.

Looking Ahead: Baylor Foundation Uganda aims to expand its research portfolio by advancing digitalization and data science, strengthening implementation science, and continuing work in HIV cure research, while increasingly addressing non-communicable diseases and persistent infectious diseases. These priorities position Baylor Foundation Uganda as a leading institution for impactful, data-driven health research in Uganda and the region.

Baylor Foundation Uganda is committed to strong, ethical, and transparent governance that builds trust with the Government of Uganda, donors, partners, beneficiaries, and staff.



Baylor Foundation Uganda Governance Structure

ENVIRONMENT, SOCIAL AND GOVERNANCE (ESG)

The Board of Directors is overseeing the development of a comprehensive ESG strategy, with full compliance targeted by 2030.

Environmental impact: The Baylor Foundation Uganda procured low-power servers and other energy-efficient digital infrastructure on cloud platforms to reduce its carbon footprint, lower energy consumption, and minimize on-site hardware needs. Additionally, the automation of workflows and digitalization of patient records have reduced paper use and printing by more than 90%, supporting environmental conservation by minimizing deforestation and waste.

Social Impact: As an inclusive and equal-opportunity employer, 37% of our workforce comprises females. Baylor Foundation Uganda also upholds employee rights by ensuring fair wages, a safe and supportive work environment, and policies that protect against discrimination and harassment.

We maintain full compliance with mandatory insurance requirements and national labor standards, with no labor-

related disputes reported. Furthermore, we leverage the Electronic Medical Records system to manage our patients' appointment scheduling, medication reminders, health literacy, and self-management of chronic conditions at our clinical center of excellence. We supported the expansion of EMR services to 581 health facilities in our supported regions, aiming to improve real-time access to patient information and thereby strengthen their overall quality of care.

Governance: The Baylor Foundation Uganda upholds strong corporate governance guided by a comprehensive Code of Ethics and Conduct. The code of conduct, anchored in the Foundation's five core values, applies to all directors, officers, and employees, reinforcing a culture of integrity, accountability, and ethical decision-making across all operations. We have furthermore reinforced our governance systems by adopting the Balanced Scorecard framework to monitor performance effectively across departments and directorates, strengthen transparency, and guide decision-making in alignment with the organization's strategic objectives.

FUNCTIONALITY OF THE BOARD OF DIRECTORS

Board Composition: The Board comprises 12 Directors, with 50% female representation, bringing together a balanced mix of professional skills, experience, and leadership diversity to effectively guide the Foundation's strategic direction and oversight.

BOARD OF DIRECTORS 2024/25:



PROF. RHODA WANYENZE
CHAIRPERSON
Public Health Specialist/Dean,
school of Public Health



DR. DITHAN KIRAGGA
EXECUTIVE DIRECTOR
Public Health Specialist



MR. ALBERT BEINE
VICE CHAIRPERSON,
CHAIRPERSON OF FINANCE
COMMITTEE
Tax Consultant



MS. HARRIET OMODING
CHAIRPERSON, PEOPLE AND
ORGANIZATION DEVELOPMENT
(POD) COMMITTEE
Human Resource Management
Consultant



MR. PATRICK NGOOBE
CHAIRPERSON, PROGRAMS
COMMITTEE AND MEMBER,
PEOPLE AND ORGANIZATION
DEVELOPMENT COMMITTEE
Strategic Human Resources,
Leadership and Management
Development Expert



MR. JOSEPH K.M. KIZZA
CHAIRPERSON, AUDIT
COMMITTEE
Audit & Finance Management
Consultant



MS. MONICA KASIRYE KAVUMA
MEMBER, FINANCE AND AUDIT
COMMITTEES
Audit & Finance Management
Consultant



DR. HEATHER HAQ
MEMBER, PROGRAMS
COMMITTEE
Medical Doctor/ Assistant Professor
Department of Pediatrics



MS. SARAH NDIBALEKERA
MEMBER, PEOPLE AND
ORGANISATION DEVELOPMENT
COMMITTEE
Public Administrator



DR. ROBERT MUTUMBA
MEMBER, PROGRAMS
COMMITTEE
Public Health Specialist/
Commissioner ACP,
Ministry of Health



DR. DONNA KABATESI
MEMBER, BOARD
PROGRAMS AND BOARD
AUDIT COMMITTEES
Public Health Specialist

SENIOR MANAGEMENT



DR. DITHAN KIRAGGA
EXECUTIVE DIRECTOR



DR. DENISE BIRUNGI
DIRECTOR OF PROGRAMMES



MS. MARIE SOLOME NASSIWA
DIRECTOR OF FINANCE



DR. PETER ELYANU
DIRECTOR OF GLOBAL HEALTH
SECURITY



DR. LETICIA NAMALE
DIRECTOR OF HEALTH SYSTEM
STRENGTHENING



DR. PATRICIA NAHIRYA NTEGE
DIRECTOR OF RESEARCH



MR. ALBERT KOMA MAGANDA
DIRECTOR OF STRATEGIC
PLANNING, M&E



MR. LINO NYINGALING
DIRECTOR OF INTERNAL AUDIT



MR. JAMES OWONA
DIRECTOR OF HUMAN
RESOURCES & OPERATIONS

KEY GOVERNANCE ACHIEVEMENTS IN FY 2024/25



Prof. Rhoda Wanyenze appreciates Mr. Thomson Odoki Mangeni, the outgoing Vice Chairperson, for his eight years of service on the Board of Directors.

Governance and Board Performance: Baylor Foundation Uganda's Board of Directors continued to provide strategic oversight and stewardship during the reporting year. Board recruitment is overseen by the People, Organization, and Development Committee, ensuring members bring relevant expertise, values, and diversity. Directors serve a maximum of two consecutive four-year terms. Newly appointed members undergo a structured induction and annually participate in field visits to strengthen oversight and alignment with program realities.

The Board maintains a strong governance culture, including an annual declaration of interests, dedicated conflict-of-interest procedures, and operation through standing committees that enhance effective decision-making. Annual external Board evaluations support continuous improvement in governance effectiveness.

Board Engagement: Held three scheduled and three extraordinary Board meetings, and all committee meetings, maintaining 99% attendance amidst evolving donor funding conditions.

Annual General Meeting: Convened on 9 November 2024; Members approved the annual report, audited financial statements, and re-appointed KPMG as external auditor.

Organizational Strengthening: Ensured leadership and staffing capacity, with 98% of positions filled and an approved competitive salary structure to support talent retention.

Policy and Governance Framework: Updated key governance documents to reflect evolving organizational needs.

Strategic Field Oversight: Directors conducted regional site visits to support evidence-based decision-making.

Risk and Compliance: Adopted a strengthened risk management framework; the Audit Committee provided oversight on internal controls, compliance, and external audit processes. No whistleblower complaints were reported.

Sustainability and Revenue Diversification: Approved acquisition of 20 acres of land in Gomba District as part of long-term financial sustainability planning.

Capacity Development: Directors undertook training in ESG to enhance governance of environmental, social, and governance commitments.

Board Renewal: The Board welcomed new members, including the appointment of a new Vice Chairperson and a public health expert to strengthen strategic leadership.

Outlook: Following shifts in the global funding landscape, the Board will prioritize revenue diversification and transition strategies to enhance sustainability. Emphasis will be placed on supporting the Baylor Foundation Uganda's evolving role, transitioning from direct implementation to technical assistance for government-led health systems integration.

INTERNAL AUDIT AND RISK MANAGEMENT



MR. LINO NYINGALING
Director of Internal Audit

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

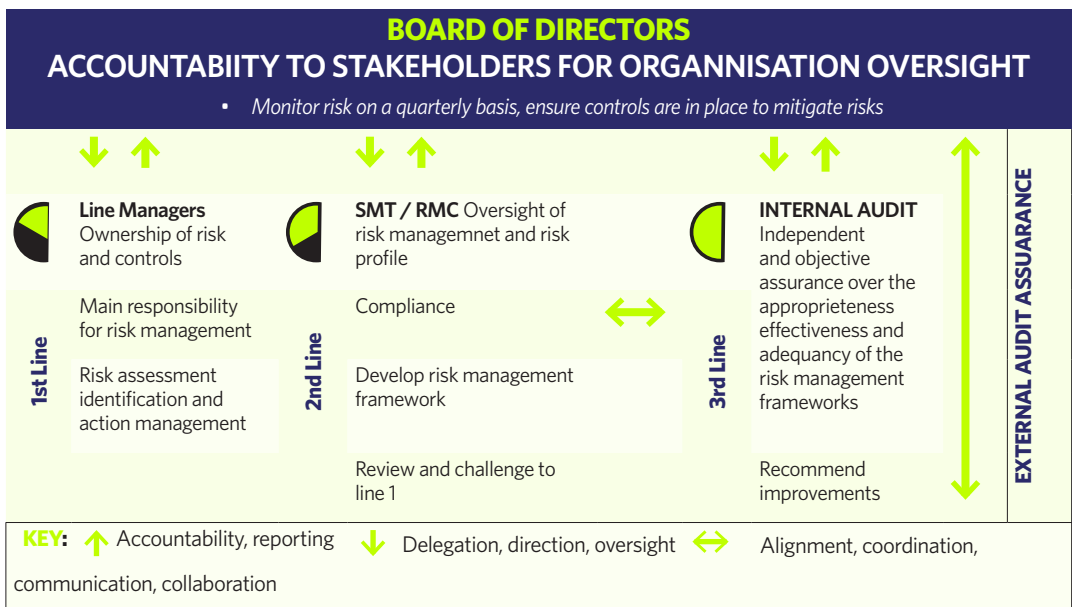
Audit and assurance work undertaken during the financial year:

- Internal Audit Plan: Internal Audit completed all seven (7) planned audits. In addition, we completed three (3) investigations. Recommendations/ corrective actions from these audits and investigations strengthened the organization's stewardship.
- Internal Audit Charter: We updated the Internal

Audit Charter to ensure alignment with changing risks, regulatory requirements, and professional standards.

- Tracking corrective actions: Using the Observations Tracking Tool (OTT), the internal audit successfully monitored the implementation of prior audit recommendations/ corrective actions for both external and internal audits. We further implemented over 90% of the previous audit recommendations/corrective actions.
- Training: We conducted two continuous professional development trainings on fraud risk across all Baylor Foundation Uganda regions. These trainings enhanced fraud risk awareness, identification, profiling, response and monitoring among all staff.
- Overall assessment: We did not identify any material weaknesses or breakdowns in internal control systems that could result in significant financial loss to the organization.

Risk Management: The Baylor Foundation Uganda applies the three lines of defence risk governance model, with the Board being ultimately responsible for managing risk through the Risk Management Committee (RMC) and defining the organisation's risk appetite. A robust risk management governance framework guides the identification, assessment, treatment, monitoring, and reporting of risks, enabling the organization to effectively prioritize and manage risks within acceptable levels.



During FY 2024/25, the RMC updated the risk management policy and framework, as well as the risk appetite statement and tolerance levels, before submitting them to the Board for approval.

BAYLOR FOUNDATION UGANDA'S PRINCIPAL RISKS:

RISK CATEGORY	KEY RISK	LIKELIHOOD	IMPACT	MITIGATION MEASURES	RESULTS / STATUS
Financial	Dependence on a few primary funding sources	Major	Major	Diversification of the funding portfolio	Broader program and funding base strengthened
Programmatic	Partnership risks affecting accountability	Minor	Moderate	Due diligence is conducted before approving strategic partnerships	Enhanced governance and accountability among partners
Programmatic	Expansion exceeding management oversight	Minor	Moderate	Regional management structures and regular SMT support supervision	Improved program quality and accountability
Operations	External geopolitical disruptions affecting supply chains and service delivery	Moderate	Moderate	Diversified supply chains and prioritised essential interventions	Stable operations maintained; reduced stockouts
Legal & Compliance	Non-compliance with laws, regulations, and donor requirements	Minor	Moderate	Continuous compliance monitoring, assessments, and staff training	No compliance penalties; unqualified external audit opinion
Information Technology	IT system failure and cybersecurity risks	Minor	Major	Infrastructure upgrades, regular software updates, and strengthened cybersecurity controls	No security breaches reported.
Fiduciary	Misuse or misappropriation of funds	Minor	Major	Zero-tolerance tone, fraud risk assessments, enhanced background checks, and staff training	Reduced fraud incidents reported
Human Capital	Difficulty retaining skilled staff	Minor	Moderate	Job enrichment, market-aligned salary reviews, and succession planning	Improved staff retention

EMPLOYEE OF THE YEAR AWARD FOR THE NGO SECTOR





MR. JAMES OWONA

Director of Human Resource and Operations

OUR PEOPLE, OUR STRENGTH

Recognition as Employer of the Year: Baylor College of Medicine Children’s Foundation Uganda (Baylor Foundation Uganda) was awarded the 2024 NGO Employer of the Year by the Federation of Uganda Employers. The award highlighted the organization’s commitment to a safe, inclusive, and empowering work environment that supports job creation, staff wellbeing, and high performance.

Building a High-Performing Workforce: Baylor Foundation Uganda employs a diverse and committed workforce, with:

- 596 full-time employees
- 2,450 district-supported HRH staff
- Operational presence in 64 districts

In FY2024/25, recruitment became more efficient, reducing the average time-to-fill roles from 41 to 37 days, and successfully filling 99% of approved positions. Staff retention strengthened to 98%, with 94% retention for critical talent and 95% for high-performing staff. Internal career mobility also improved, with internal hires increasing from 24% to 31%, demonstrating stronger pathways for staff growth and leadership development.

Performance and Professional Development: The organization launched Baypas, a new performance management system based on a balanced scorecard. Adoption was strong, with:

- 98% of staff submitting performance goals
- 97% completing annual appraisals

Continuous professional development programs and

the sponsorship scheme enabled staff to pursue further education, acquire new expertise, and enhance clinical and leadership capacity. Individual testimonials reflect meaningful career growth and exposure to global learning exchanges.



Dr. Fairuz Naiga successfully completed a Master of Public Health, equipping her with competencies that are now being applied to strengthen community health interventions and improve program design.



Dr. Mirembe Angella Nanteza achieved a Master of Paediatrics and Child Health, a milestone that directly enhances our ability to deliver specialized care to children.

“I received strong financial support from Baylor, including a monthly stipend and tuition coverage, which allowed me to focus on my studies. I emerged as the best student overall, earning a first-class honors degree. At the end of my postgraduate training, I was given the opportunity to participate in a five-week exchange program at the University of Minnesota, where I experienced healthcare in a first-world country. It was an unforgettable experience, and I look forward to implementing the accessible improvements we can make in our setting in Uganda.” - Dr. Angella Mirembe.

Strengthening a Values-Driven Culture: At the annual team-building event, 21 staff members were recognized for embodying Baylor Foundation Uganda's core values, as determined through peer nominations. Additionally, four staff members received Long Service Awards for 20 years of outstanding commitment. These celebrations reinforced a sense of belonging, loyalty, and shared purpose.



Celebrating 20 Years of Service: Two Decades of showing up, Making a Difference and Inspiring Others

Through strategic talent management, performance growth systems, and intentional staff recognition, Baylor Foundation Uganda continues to build a resilient, skilled, and motivated workforce. These achievements affirm its position as an employer of choice and strengthen its ability to deliver lasting health impact across Uganda.



Baylor Foundation Uganda staff participate in a team building exercise.

SCALING UP AND MAINTAINING AGILE AND FUNCTIONAL SYSTEMS



BUSINESS DEVELOPMENT: UNLOCKING NEW OPPORTUNITIES

Amid declining investments in health care service delivery – reflected in the Government of Uganda’s allocation of only 4.1% of the national budget to health in FY2024/25, down from 7.7% in 2022/23 – and a reduction in donor commitments, Baylor Foundation Uganda remains committed to becoming the country’s leading provider of integrated health services. Similarly, the shifting HIV/AIDS epidemiology, growing burden of NCDs, and emerging and re-emerging public health threats have intensified the need for stronger business development initiatives and strategic diversification.

To overcome these challenges, in 2024/25, Baylor Foundation Uganda prioritized revenue diversification and operational cost reduction to sustain our impact.

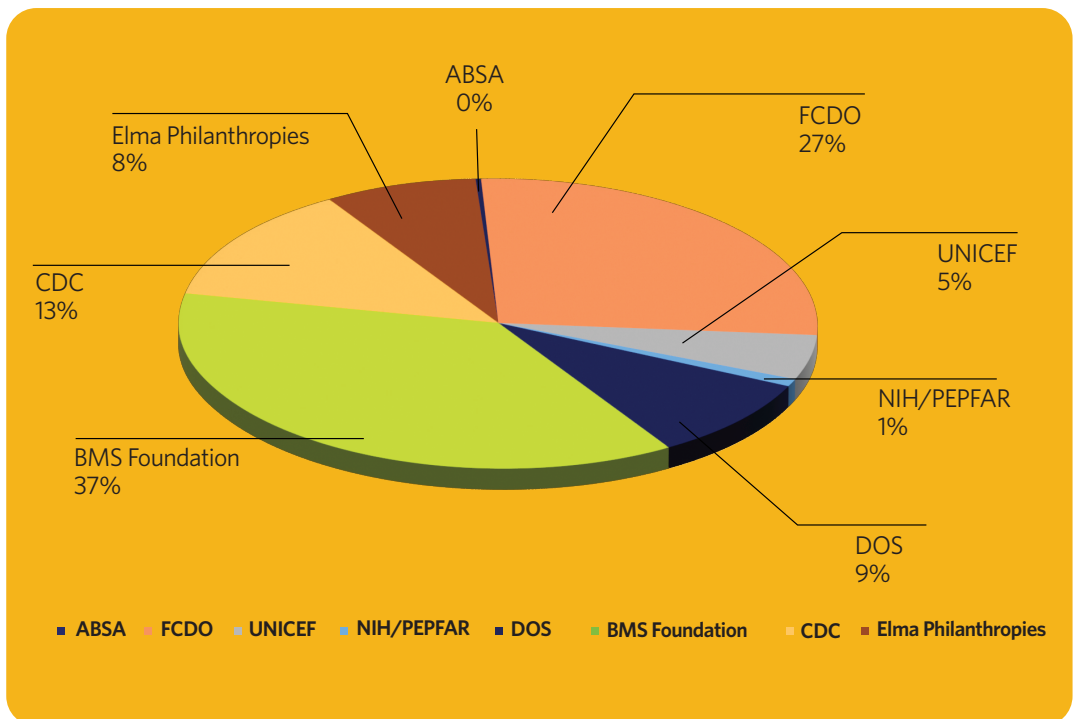
New Business: Business development initiatives secured funding exceeding budget expectations, with an improved success rate of 47% (9/19) in 2024/25 compared to 18% (4/22) in 2023/24—secured funding led to a growth in programs.



MR. ALBERT KOMA MAGANDA

Director of Strategic Planning, Monitoring and Evaluation

NEW GRANTS 2024/25



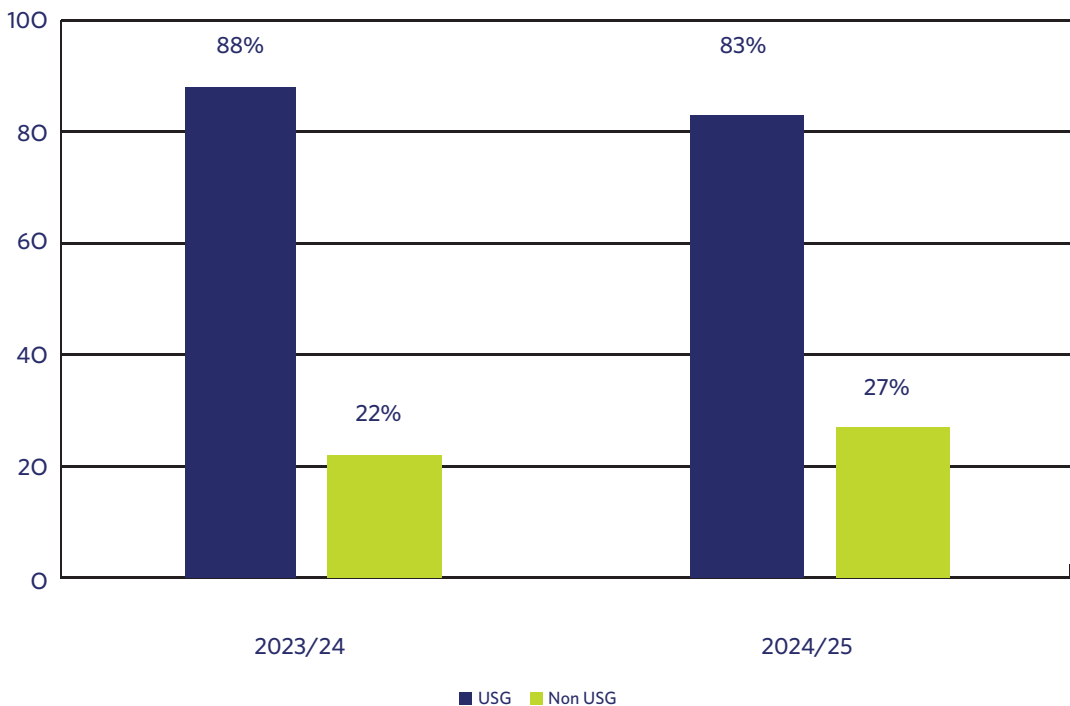
Regional expansion: The Fort-Mubende mechanism expanded from \$70 million to \$85 million, covering 15 districts. Achieving UNAIDS 95-95-95 targets, the Eastern Activity expanded from \$19.2M to \$27.2M and took over PNFP health facilities.

1. Global Health Security achievements include new partnerships with UKAID/FCDO, which led to regional expansions and added funding from UNICEF/USAID to support surveillance, response, and risk communication.
2. Expanded research portfolio; secured 3 scholar grants (HPTN, IMPAACT, INSIGHT).
3. New programs; Bristol Myers Squibb Foundation (BMS) grant to scale up pediatric sickle cell disease care in

Uganda; partnerships with Elma and Gates Foundation to save newborn babies and mothers; partnerships with UNICEF to deliver life saving child protection programs in public health emergency context; UKAID/FCDO to deliver quality maternal and FP services; Bridge Fund; Individual donations (Vimaal) to bridge gaps in funding for the center of excellence clinic.

Diversification: With 83% of our funding in 2024/25 (88% in FY 2023/24) from the US government, the unit has been proactive in diversifying its funding sources to manage the changing global funding context. We have successfully grown the non-USG basket by 5% building partnerships and collaborations with 5 local and international funders.

Diversification



Sustainability: The COE laboratory is now both CAP accredited and DCLOT approved which has not only increased internal revenue generation but also reduced research studies reliance on external laboratories (bringing in Ushs 275m (\$75,194). We continue to pursue establishments under the previously acquired collaboration with the Anglican Church of Uganda.



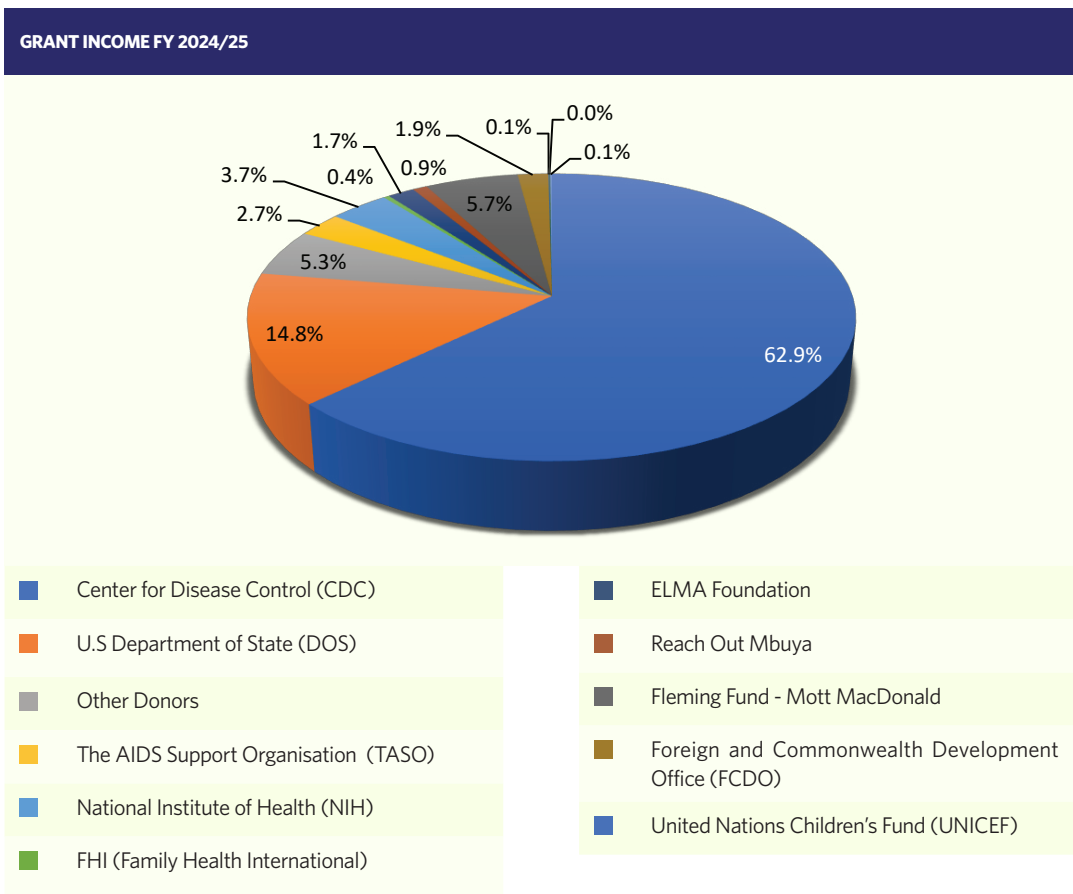
MS. MARIE SOLOME NASSIWA

Director of Finance

FINANCIAL PERFORMANCE

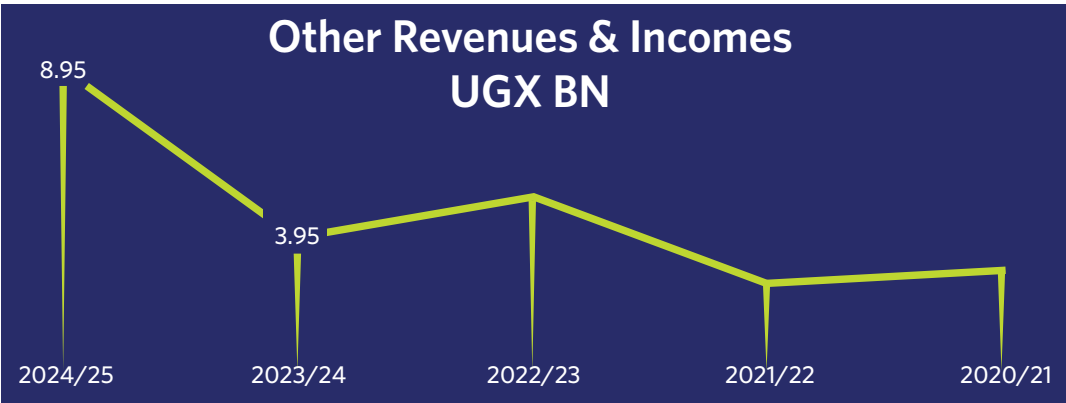
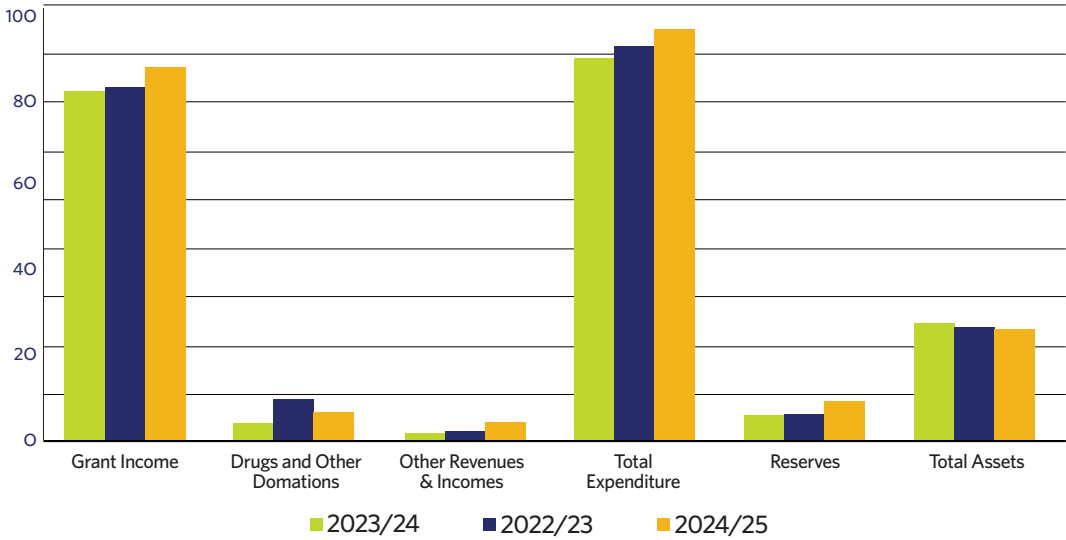
In FY 2024/25, Baylor Foundation Uganda’s revenue increased by 12% from Ushs 158 billion in 2023 to Ushs 177.6 billion. This was driven by new funding from the FCDO, Mott Macdonald for the Fleming Fund project, a New UNICEF grant, and additional funds from CDC and U.S Department of State (DOS)

Grant income: Baylor Foundation Uganda continues to grow its income base with existing and new funders. As depicted in the chart, the US Government, through CDC, NIH, and U.S Department of State (DOS)



OTHER REVENUES AND INCOME & VALUE-ADDED STATEMENT

FINANCIAL HIGHLIGHTS (MILLIONS)



As part of our sustainability goals, the Baylor Foundation Uganda diversifies its income beyond donor funding through various internal revenue streams, including lab tests, interest from financial investments, and indirect cost recoveries from projects where overhead or management fees are charged. These funds form part of our core funding for sustainability and are ploughed back into our core business of health service delivery.

In FY 2024/25, other revenues and income (excluding FX gains & Losses) were Ushs 8.95 BN (FY23/24: Ushs 3.95 BN). The increase is due to interest from financial investments and indirect cost recovery from new and existing projects.

VALUE ADDED STATEMENT

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

	FY 2024/25	FY 2023/24
	UGX Billion	UGX Billion
Value Added		
Grant Income	154.52	144.81
Drugs & other donations	12.32	8.28
Other income	8.95	3.95
Wealth Generated	175.79	157.03
Patient care costs	(15.99)	(15.10)
Medical supplies	(12.99)	(9.09)
Health Unit refurbishment	(1.22)	(1.23)
Training and workshop costs	(17.66)	(21.58)
Districts sub-grants costs	(6.47)	(3.27)
Partners sub-grants costs	(1.84)	(3.03)
Salaries and fringe benefits	(67.89)	(63.30)
Contractual and consultancy services	(1.41)	(1.29)
Administrative costs	(46.21)	(40.45)
FX Gains / (Losses)	1.85	1.00
Income Tax credit/(charge)	(0.04)	(0.10)
Wealth Distributed	(169.88)	(157.44)
Surplus/deficit	5.92	(0.41)

Our value-added impact is also evident in the positive impact we have on the communities we support.



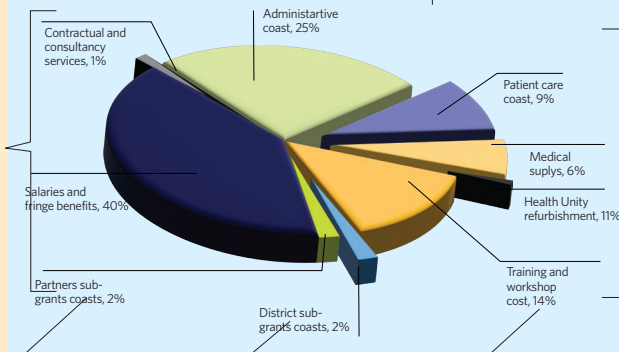
Baylor Foundation Uganda staff bring hope and healing, supporting children living with HIV to achieve viral suppression at the Sanyuka camp

WEALTH DISTRIBUTION PER STRATEGIC OBJECTIVE

Strategic Objective 7: Set-up and maintain agile and sustainable systems for Baylor Uganda institutional and program development

SO5: Strengthen organisational development systems that focus on accountability, best management practices and good governance.

This also supports all the other objectives



SO1: Increase access to and utilisation of quality health care services.

SO2: Strengthen prevention, detection, and response to public health threats/emergencies

SO4: Strengthen Health Sector Research to Inform Policy and Programming

SO4: Strengthen Health Sector Research to Inform Policy and Programming

SO1: Increase access to and utilisation of quality health care services.

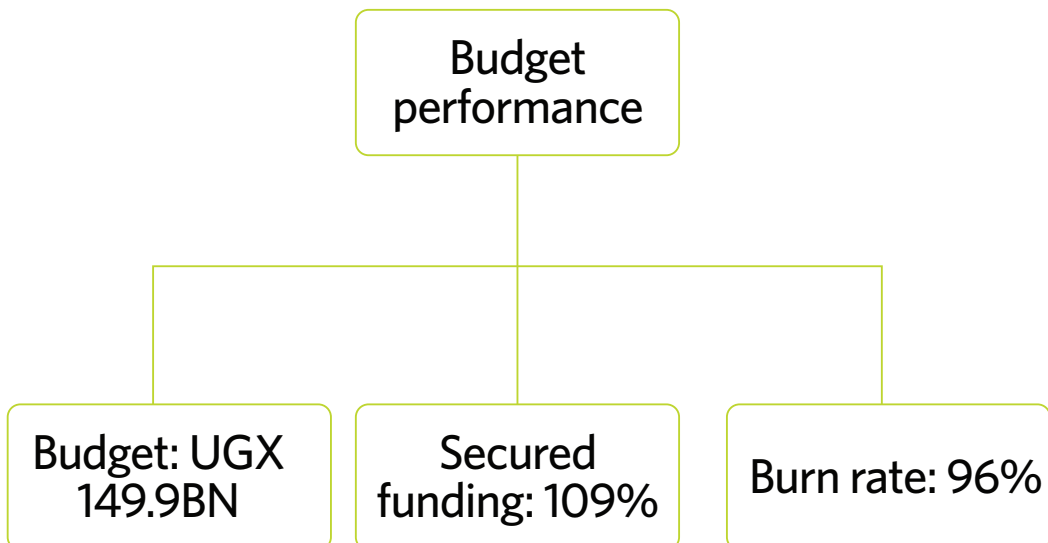
SO3: Enhance the competencies of health workers to provide quality and specialised health care services.z

SO2: Strengthen prevention, detection, and response to public health threats/emergencies

SO4: Strengthen Health Sector Research to Inform Policy and Programming

BUDGET PERFORMANCE

For FY 2024/25, the Baylor Foundation Uganda's annual budget was UGX 149.9 billion. As of June 30, 2025, UGX 163.9 billion had been secured against this budget (109%), and 96% of the amount had been spent.



**BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION UGANDA**

**ANNUAL REPORT AND FINANCIAL STATEMENTS FOR
THE YEAR ENDED 30 JUNE 2025**

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2025

CORPORATE INFORMATION

DIRECTORS

Name	Role	Date of appointment
Dr. Rhoda Wanyenze*	Chairperson	01-Jan-2019
Mr. Albert Beine*	Vice Chairperson	20-Nov-2021
Dr. Dithan Kiragga*	Executive Director	01-Jul-2022
Dr. Heather Haq**	Member	19-Nov-2022
Monica Kasirye Kavuma*	Member	15-Apr-2023
Joseph Kizza*	Member	01-Jan-2019
Harriet Omoding*	Member	12-Aug-2019
Patrick Ngolobe*	Member	26-Feb-2022
Adam Gibson**	Member	01-Apr-2022
Dr Robert Mutumba*	Member	29-Jun-2024
Sarah Ndibalekera*	Member	29-Jun-2024
Donna Kabatesi	Member	25-April-2025

***UGANDA**

****AMERICAN**

SECRETARY OF THE BOARD

Dr Dithan Kiragga
Executive Director
P.O Box 72052
Kampala, Uganda

AUDITOR

KPMG
Certified Public Accountants of Uganda Plot
2 & 4a, Nakasero Road, Kampala
P.O. Box 3509
Kampala, Uganda

REGISTERED OFFICE

Baylor College of Medicine Children's
Foundation-Uganda
Block 5 Mulago Hospital
P. O. Box 72052
Kampala, Uganda

LEGAL ADVISOR

H & G Advocates
2nd Floor, H&G Chambers
29A Lumumba Avenue
PO. Box 7026
Kampala, Uganda

BANKS

Absa Bank Uganda
Plot 2/4 Hannington Road
Kampala Uganda
P.O. Box 7101
Kampala Uganda

Stanbic Bank
Crested Towers Plot 17, Hannington
Road Kampala Uganda.
P.O. Box 7131 Kampala, Uganda

dfcu Bank
Plot 26, Kyadondo Road Nakasero
Kampala Uganda P.O. Box 70
Kampala Uganda

STATEMENT OF CHANGES IN RESERVES FOR THE YEAR ENDED 30 JUNE 2025

DIRECTOR'S REPORT

The Directors submit their report together with the audited financial statements for the year ended 30 June 2025, in accordance with the Companies Act, Cap. 106 Laws of Uganda which discloses the state of affairs of the Baylor College of Medicine Children's Foundation Uganda.

1. Incorporation

The Company was incorporated under of the Companies Act, Cap. 106 Laws of Uganda on 2 November 2006 as a company limited by guarantee and no share capital. It was registered as a non-government organization on 15 June 2007.

2. Principal activities

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

3. Financial results

	2025	2024
	USHS '000	USHS '000
Income	177,640,345	158,035,548
Expenditure	(171,678,321)	(158,343,861)
Surplus/(deficit) before tax	5,962,024	(308,313)
Income tax charge	(44,742)	(102,577)
Surplus/(deficit) after tax	5,917,282	(410,890)

4. Directors

The Directors who held office during the financial year to the date of this report are set out on page 3.

5. Directors' benefits

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

6. Auditor

KPMG has expressed willingness to continue in office in accordance with the provisions of Section 167(2) of the Companies Act, Cap. 106 Laws of Uganda. A resolution will be proposed at the next AGM to re-appoint KPMG as the external auditor and authorize the Board of Directors to determine their remuneration

7. Approval of financial statements

The financial statements of Baylor College of Medicine Children's Foundation Uganda were approved by the Board of Directors and authorized for issue on *28 October* 2025.

BY ORDER OF THE BOARD



Secretary to the Board Kampala

STATEMENT OF DIRECTORS' RESPONSIBILITIES

The directors are responsible for preparation of financial statements that give a true and fair view of Baylor College of Medicine Children's Foundation Uganda comprising the statement of financial position as at 30 June 2025, the statements of comprehensive income, changes in reserves and cash flows for the year then ended, and notes to the financial statements, including material accounting policies and other explanatory information in accordance with IFRS for SMEs Accounting Standard as issued by the International Accounting Standards Board (IFRS for SMEs Accounting Standard), and in the manner required by the Companies Act, Cap. 106 Laws of Uganda.

The directors are also responsible for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for maintaining adequate accounting records and an effective system of risk management.

The directors have made an assessment of the Company's ability to continue as a going concern and have no reason to believe that the Company will not be a going concern in the year ahead.

The independent auditor is responsible for reporting on whether the financial statements give a true and fair view in accordance with IFRS for SMEs Accounting Standard as issued by the International Accounting Standards Board (IFRS for SMEs Accounting Standard), and in the manner required by the Companies Act, Cap. 106 Laws of Uganda.

APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements of Baylor College of Medicine Children's Foundation Uganda which appear on pages 9 to 30 were approved and authorized for issue by the Board of Directors on 28 October 2025 and were signed on its behalf by:

Chairman, Board of Directors

Executive Director

Date: 28 October 2025

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Baylor College of Medicine Children's Foundation Uganda ("the Company") set out on pages 9 to 30, which comprise the statement of financial position as at 30 June 2025, and the statements of comprehensive income, changes in reserves and cash flows for the year then ended, and notes to the financial statements, including material accounting policies and other explanatory information.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Company as at 30 June 2025, and of its financial performance and its cash flows for the year then ended in accordance with IFRS for SMEs Accounting Standard as issued by the International Accounting Standards Board (IFRS for SMEs Accounting Standard) and in the manner required by the Companies Act, Cap. 106 Laws of Uganda.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Company in accordance with the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Baylor College of Medicine Children's Foundation Uganda Annual Report and Financial Statements for the year ended 30 June 2025 but does not include the financial statements and our auditor's report thereon.

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

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

Responsibilities of Directors for the Financial Statements

The directors are responsible for the preparation of the financial statements that give a true and fair view in accordance with IFRS for SMEs Accounting Standards and in the manner required by the Companies Act, Cap. 106 Laws of Uganda, and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS (CONTINUED)

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

REPORT ON OTHER LEGAL REQUIREMENTS

Opinion

As required by the Companies Act, Cap. 106 Laws of Uganda, we report to you solely based on our audit of the financial statements, that:

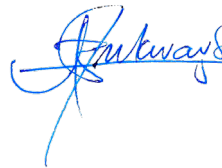
1. We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit;
2. In our opinion, proper books of account have been kept by the Company, so far as appears from our examination of those books; and
3. The Company's statements of financial position and comprehensive income are in agreement with the books of account.

The engagement partner responsible for the audit resulting in this independent auditor's report is **CPA Asad Lukwago - P0365**.



KPMG

Certified Public Accountants
3rd Floor, Rwenzori courts
Plot 2 & 4A, Nakasero Road
P O Box 3509
Kampala, Uganda



CPA Asad Lukwago

15 November
Date: 2025



STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2025

INCOME	NOTES	2025	2024
		USHS '000	USHS '000
Grant Income	4(a)	166,845,080	153,087,029
Revenue from rendering services	4(b)	8,222,373	3,419,022
Other Income	4(c)	724,924	527,354
Finance income	9(b)	1,847,968	1,002,143
Total income		177,640,345	158,035,548
EXPENDITURE			
Medical supplies and patients care costs	5	(28,972,743)	(24,194,283)
Program costs	6	(27,187,655)	(29,104,020)
Staff costs	7	(67,892,791)	(63,299,676)
Contractual and consultancy services	8	(1,412,146)	(1,290,911)
Administrative costs	9(a)	(46,212,986)	(40,454,971)
Finance cost		-	-
		(171,678,321)	(158,343,861)
Surplus/(deficit) before tax		5,962,024	(308,313)
Income tax (charge)/credit	11(a)	(44,742)	(102,577)
Surplus/(deficit) for the year		5,917,282	(410,890)
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		5,917,282	(410,890)

The notes set out on pages 13 to 30 form an integral part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025

		2025	2024
	NOTES	USHS '000	USHS '000
ASSETS			
Non-current assets			
Property and equipment	12	10,442,210	11,033,135
Intangible assets	13	146,979	121,137
		10,589,189	11,154,272
Current assets			
Inventories	14	5,032,151	4,176,606
Current income tax recoverable	11(b)	28,481	-
Receivables and prepayments	15	2,920,622	4,218,060
Financial assets at amortised cost	16	4,894,354	4,384,380
Cash at bank	17	18,210,786	23,616,522
		31,086,394	36,395,568
Total assets		41,675,583	47,549,840
RESERVES AND LIABILITIES			
Reserves			
Accumulated surplus	Page 11	17,121,598	11,204,316
LIABILITIES			
Non-current liabilities			
Grant liability: non-current portion	19	8,041,743	8,763,480
Current liabilities			
Current income tax payable	11(b)	-	3,679
Trade and other payables	18(a)	8,490,736	8,012,378
Provisions	18(b)	700,620	786,975
Grant liability: current portion	19	7,320,886	18,779,012
		16,512,242	27,582,044
Total reserves and liabilities		41,675,583	47,549,840

The financial statements on pages 9 to 30 were approved by the board of directors on.....2025 and were signed on its behalf by:

Director

Director

The notes set out on pages 13 to 30 form an integral part of these financial statements.

STATEMENT OF CHANGES IN RESERVES FOR THE YEAR ENDED 30 JUNE 2025

	ACCUMULATED FUNDS
	USHS '000
At 1 July, 2023	11,615,206
Total comprehensive income for the year	(410,890)
At 30 June, 2024	11,204,316
At 1 July, 2024	11,204,316
Total comprehensive loss for the year	5,917,282
At 30 June, 2025	17,121,598

The notes set out on pages 13 to 30 form an integral part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

	NOTES	2025 USHS '000	2024 USHS '000
CASHFLOW FROM OPERATING ACTIVITIES			
Surplus/(deficit) for the year		5,917,282	(410,890)
Adjustments for:			
Depreciation	12	2,126,857	1,919,911
Amortisation of intangible assets	13	64,864	66,188
Amortisation of grant liability	19	(145,718,974)	(147,159,422)
Loss/(gain) on disposal of assets	9	60,000	(44,777)
Cash receipts from grants	19	120,349,191	138,383,458
Income tax expense	11(a)	44,742	102,577
Net cash outflows before working capital changes		(17,156,038)	(7,142,955)
Changes in working capital			
(Increase)/ decrease in inventories	14	(855,545)	278,544
Grant liability movement related to inventories	19	13,189,920	9,104,946
Decrease in receivables and prepayments	15	1,297,438	426,823
Increase in payables and accrued expenses	18 (a)	478,358	164,313
Decrease in provisions	18(b)	(86,355)	(84,261)
		(3,132,222)	2,747,410
Tax paid	11(b)	(76,902)	(99,604)
Net cash (used in)/generated operating activities		(3,209,124)	2,647,806
CASHFLOW FROM INVESTING ACTIVITIES			
Payment for acquisition of property and equipment	12	(1,595,932)	(2,335,050)
Payment for acquisition of intangibles	13	(90,706)	-
Proceeds from sale of equipment		-	49,301
Net cash used in investing activities		(1,686,638)	(2,285,749)
Net (decrease)/increase in cash and cash equivalents		(4,895,762)	362,057
Cash and cash equivalents at start of the year		28,000,902	27,638,845
CASH AND CASH EQUIVALENTS AT 30 JUNE	17	23,105,140	28,000,902
REPRESENTED BY:			
Cash and bank	17	18,210,786	23,616,522
Financial assets at amortised cost	16	4,894,354	4,384,380
CASH AND CASH EQUIVALENTS	17	23,105,140	28,000,902

The notes set out on pages 13 to 30 form an integral part of these financial statements.

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION UGANDA FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

1 COMPANY INFORMATION

Baylor College of Medicine Children's Foundation Uganda is incorporated in Uganda under the Companies Act, Cap. 106 Laws of Uganda as a Company limited by guarantee and having no share capital and is domiciled in Uganda. The registered address is Block 5 Mulago Hospital, P. O. Box 72052, Kampala, Uganda.

The Company is principally involved in promoting, protecting and supporting the health of HIV exposed and infected children and adolescents in Uganda.

1.1 GOING CONCERN

The Company's directors have made an assessment of the Company's ability to continue as a going concern and are satisfied that the Company has the resources to continue in business for the foreseeable future. Furthermore, the directors are not aware of any material uncertainties that may cast doubt upon the Company's ability to continue as a going concern. Therefore, the financial statements continue to be prepared on a going concern basis.

1.2 BASIS OF PREPARATION

The principal accounting policies adopted in the preparation of these financial statements are set out below:

a) Basis of measurement

The financial statements are prepared under the historical cost convention, except where otherwise stated.

b) Statement of compliance

The financial statements have been prepared in accordance with IFRS for SMEs Accounting Standard as issued by the International Accounting Standards Board (IFRS for SMEs Accounting Standard) and in the manner required by the requirements of the Companies Act, Cap. 106 Laws of Uganda.

For purposes of reporting under the Companies Act, Cap. 106 Laws of Uganda, the balance sheet in these financial statements is represented by the statement of financial position and the profit and loss account is represented by the statement of comprehensive income.

c) Functional and presentation currency

These financial statements are presented in Uganda Shillings (Ushs), which is the Company's functional currency. All amounts have been rounded to the nearest thousand (Ushs '000), unless otherwise indicated.

2 MATERIAL ACCOUNTING POLICIES

a) Property and equipment

The Company recognizes the cost of an item of property and equipment as an asset if, and only if,

a) It is probable that future economic benefits associated with the item will flow to the Company; and b) The cost of the item can be measured reliably.

Property and equipment is measured at initial recognition at cost. The cost of an item of property and equipment comprises;

a) It's purchase price, including legal and brokerage fees, import duties and non-refundable purchase taxes, after deducting trade discounts and rebates;

b) Any costs directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by the Company; and

c) The initial estimate of costs of dismantling and removing the item and restoring the site on which it is located, the obligation for which the company incurs either when the item is acquired or as a consequence of having used the item during a particular period for purposes other than to provide inventories during the period. After initial recognition, property and equipment is measured at cost less any accumulated depreciation and any accumulated impairment losses.

OUR PARTNERS



U.S. Embassy Uganda



The Fleming Fund



BAYLOR GLOBAL HEALTH



MAKERERE UNIVERSITY



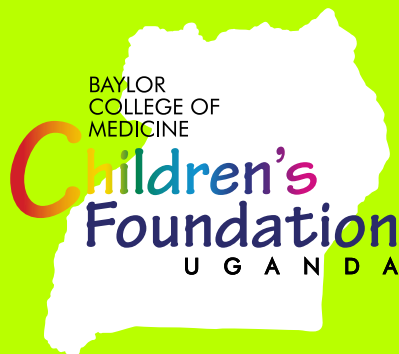
EDCTP



Penta







**Baylor College of Medicine Children's Foundation –
Uganda (Baylor Foundation Uganda)**

Block 5 Mulago Hospital, P.O. Box 72052, Kampala

Tel: +256 312 119100

Website: <http://baylorfoundationuganda.org>

Email: admin@baylor-uganda.org