



Baylor College of Medicine Children's Foundation-Uganda

CAPACITY STATEMENT OF BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION-UGANDA

Background

Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) is an indigenous, national, not-for-profit, child health and development non-governmental organization. Baylor-Uganda was established in 2003 and is affiliated to Baylor International Pediatric AIDS Initiative (BIPAI), a global partnership, working to expand access to pediatric and adolescent HIV/AIDS services. With funding support from CDC/PEPFAR, UNICEF, ELMA, CHAI, AFCA and other donors, Baylor-Uganda has grown from a national referral clinical center of excellence (COE at Mulago Hospital) for HIV infected children, adolescents and their families to a national organization that serves multiple districts in different regional blocks. Baylor-Uganda's mission is "To provide high-quality, family-centered pediatric and adolescent health care, education and clinical research worldwide."

Capacity to manage district led comprehensive HIV/AIDS service delivery

Infrastructure: Baylor-Uganda operates from a \$3 million worth facility within the Mulago National Referral Hospital complex donated by Bristol Myers Squibb through BIPAI. The Center is well equipped for clinical care, training and research with state of the art information technology, including a toll free **National Call Center** that supports clinicians to access information for HIV/AIDS/TB management when faced with a challenging case in their facilities.

Technical Capacity: Baylor-Uganda employs a Health Systems Strengthening approach benchmarked on the World Health Organization framework of the six building blocks.

Health services delivery premised on District Led Programming (DLP): Since 2010, with CDC/PEPFAR funding, Baylor-Uganda pioneered a district led approach to provision of comprehensive HIV/AIDS/TB services in 23 districts in Soroti, Arua and Fortportal regions. Baylor-Uganda's DLP model positions the district technical, administrative and political leadership at the helm of program implementation in order to promote ownership and sustainable outcomes. Principles of collaboration are signed with the districts. Districts are supported to profile their HIV epidemic, develop annual work plans and budgets against set targets and conduct quarterly district, regional and joint review meetings to reinforce data driven program performance improvement, decisions and innovations. Baylor-Uganda's success and expertise in DLP has been leveraged through coaching and mentoring other implementing partners (IPs), enabling scale up of the approach to other regions of Uganda.

In recognition of its exceptional implementation approaches that directly mitigate the socio-economic impact of HIV/AIDS nationally, Baylor-Uganda won "The Uganda HIV/AIDS Leader of the Year 2016 Award". In 2015, Baylor Uganda was the 2nd runner up.

HIV Prevention, Care and Treatment: With a focus on supporting Uganda to attain the UNAIDS 90-90-90 targets by 2020, Baylor-Uganda employs a multi-pronged approach to reduce new HIV infections, reduce disparities among different age groups and gender to improve health outcomes among children, adolescents and adults. Baylor-Uganda has provided care and treatment services to 124,805 people living with HIV (22,340 in Arua, 29,084 in Soroti, 68,043 in Fortportal and 5338 in Karamoja regions), contributing 12% (124,805/1,040,477) to the national effort.

The Baylor-supported regions have registered the highest decline in HIV prevalence in the country over the period 2011-2016 (UPHIA 2016 Press Release) – table 1. Baylor-Uganda has adopted the MoH test and treat guidelines, with all those identified as positive immediately initiated on ART. All children under 15 years of age, and 96% of adults enrolled in HIV care are on ART. In addition, Baylor-Uganda has taken on and scaled up viral load monitoring as the preferred mode of assessing ART efficacy.

Eliminating Mother to Child Transmission of HIV: Over the past five years, lost to follow up among patients at the COE has reduced from over 15% to <3% and the HIV positivity rate among infants from 14% to <5% in 2016. Of the 9,360 HIV positive pregnant women identified out of 210,616 screened, 9,150 (98%) received ART for eMTCT. Exposed infants identified, registered and tested for HIV using DNA/PCR were 7202, of whom 321 (4.4%) tested HIV positive and all were linked to care.

Voluntary Medical Male Circumcision (VMMC): Baylor-Uganda provides VMMC as part of HIV prevention in order to reduce the rate of HIV transmission among the supported communities. Overall 252,600 males have received VMMC in Rwenzori, Eastern and West Nile regions since 2011, with 96% of these screened for HIV. Baylor has contributed 69% to the national VMMC achievements in the north east (UPHIA 2016 Press Release).

Key and Priority Populations (KP/PP): Aligned to the MoH guidelines, Baylor-Uganda focused interventions at reducing new HIV infections among KP/PP, the biggest drivers of the HIV epidemic. A total of 2765 KPs (sex workers), 9000 fisher folk and 1000 Truckers were reached and provided with a comprehensive KP/PP HIV prevention and care package including screening and management of sexually transmitted infections.

Gender Mainstreaming: Sexual Gender-Based Violence (SGBV) has been linked to HIV as both a risk factor and a consequence. A total of 8,100 individuals received post violence care in the three



Dr. Adeodata Kekitinwa,
Executive Director Baylor-Uganda

regions of Eastern, West Nile and Rwenzori. A total of 250 Health Workers, Community Development Officers and Police Officers were trained in Gender Norms and SGBV Management.

Male Engagement: Baylor-Uganda established Men Access Clubs to promote active male involvement in treatment and care of children living with HIV and their families. The COE has a club of 150 members. Baylor-Uganda is rolling out other clubs in the Rwenzori region to support the new national treatment policy of Test and Start. Male champions will be identified at the community level to support community initiatives under the Differentiated Services Delivery Model.

Orphan and Vulnerable Children (OVC) support: By June 2017, a total of 82,165 OVCS had benefited from Baylor-Uganda support since 2013, especially in West Nile, Teso, Rwenzori and Kampala sub-regions. In 2016, 6,485 primary and secondary children received education support, while 267 OVC received vocational training.

Maternal and Child Health: Baylor-Uganda in partnership with the US government and the MoH piloted the Saving Mothers Giving Life (SMGL) project in 2012, to reduce maternal mortality rates by 50% in 3 districts of Kabarole, Kyenjojo and Kamwenge in the Rwenzori region. There has been a great improvement in infrastructural development and human resource capacity which have marked increases in the number of deliveries, antenatal and postnatal attendance. This has contributed to a reduction of maternal mortality by 54% in the 3 supported districts and increased health facility deliveries by 60% by June 2017.

Nutrition support: Food and nutrition support is a critical component of successful HIV care services. In line with the MoH strategy to integrate Nutrition Assessment, Counseling and Support (NACS) into all health services, Baylor-Uganda scaled up capac-

ity of health facilities and health workers in NACS. In 2016, 179 health workers were trained in NACS, 341 in maternal nutrition and 2,680 VHTs in community nutrition assessments, referrals and follow-up. As a result, 15,900 clients, including 4,648 PLHA, received treatment for malnutrition.

Community Facility Linkages Framework: Baylor-Uganda has recruited 35CBOs (25 in the Fort Portal and 10 in Kampala regions) to support implementation of comprehensive HIV/AIDS programs towards attaining the UNAIDS 90-90-90 targets; and operationalizing the community health facility bi-directional linkages framework.

Healthcare Financing: Baylor-Uganda provides performance based sub grants to districts and CBOs to implement comprehensive HIV/AIDS programs towards attaining the UNAIDS 90-90-90 targets. Over the period 2011-2016 Baylor-Uganda sub granted USD 1,679,433 to Arua, Soroti and Fortportal regions. The sub grants, have improved the quality of health services, and ultimately contributed to the gains reflected in table 1 above.

Health Workforce Capacity Building: Over the period 2010-2017, Baylor-Uganda, in partnership with the Ministries of Health, Education and Sports, Intrahealth and districts built capacity of the health workforce through pre- and in-service trainings, mentorships and support supervision. Districts were supported to fill critical staffing gaps through recruitment of 309 cadres of whom 136 (39%) were absorbed onto the government payroll. A total of 9002 health workers and 5406 para-social workers received in-service training. Scholarships were awarded to train 2,400 laboratory and midwifery cadres, and tutors.

Medical Products and Technologies: Baylor-Uganda has strengthened supply chain management for pharmacy and laboratory supplies in its regions. Health facilities have been supported to provide level based laboratory testing services, improve infrastructure and equipment, recruit human resource, monitor quality of testing and laboratory staff in-service training and mentorships and scale up Viral Load testing and monitoring. 3 of the 6 lab hubs in the Fort Portal region are on track to international accreditation at level 3. To improve Pharmacy services, 60 health workers were trained in quantification and Web-based ARV Ordering System (WAOS) and proper use of medicines and essential commodities. The MoH pharmaceutical stock management software 'Rxsolution' was adopted for stock management.

Strategic Information and Research: Baylor-Uganda has supported over 100 sites to use Electronic Medical Records Systems (OPENMRS) improving data quality and use. District reporting

rates have greatly improved to >95% in the Fortportal region.

Current and past performance

Baylor-Uganda's experience in implementing comprehensive and district led HIV/AIDS service delivery in multiple district within regional blocks, is corroborated by the results in figure 1. Through two CDC/PEPFAR funded projects implemented in Fortportal, Soroti, and Arua regions respective reductions in HIV prevalence of 33%, 36% and 43% have been realized over the period 2011-2016 see table 2-UPHIA results.

Baylor-Uganda is a Prime Recipient of the 5-year project (September 2012 to March 31, 2017 with a one year cost extension to March 31, 2018) CDC/PEPFAR funded SNAPS West project, implemented in the seven districts of the Fortportal region and the Baylor-Uganda COE. Valued at USD 47,909,512, the project serves a population of 2,664,000 in Fortportal region and 7075 at the COE. The project goal is to contribute to MoH efforts to reduce the incidence of HIV infection and HIV/AIDS related morbidity and mortality among children and adults in Uganda. Target districts, health facilities and community based organizations are provided with technical, logistical, and financial (sub grants) support to provide quality and sustainable comprehensive HIV/AIDS services, integrated with critical reproductive, maternal, nutrition, child and adolescent health (RMNCAH) and infectious diseases services. The project achievements are: the number of patients in care at COE increased from 5,674 in 2012 to 7,075 in 2015. The proportion of children on ART at COE increased from 86% in 2012 to 100% in 2017. In the region, access to comprehensive HIV care services increased from 10,973 in 2012 to 55,542 in 2015; HIV counseling and testing increased from 350,932 to 626,655 annually; Mother to Child Transmission of HIV reduced from 18.5% in 2012 to <5% in 2015; five laboratories were functionalized as laboratory hubs and the national pediatric and adolescent HIV unit was established within MOH to provide technical and policy assistance and has since increased the proportion of health facilities providing both adult and pediatric care to 86%.

Baylor-Uganda was a Prime Recipient for the 5-year EWIN project (October 2010- September 2015 with extension to March 2016 for Arua and June 2017 for Soroti regions). Implemented in fifteen districts (Bukedea, Kumi, Ngara, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe, Moyo), valued at USD 44,861,121, the project served a population of 1,872,600 in Soroti and 2,731,100 in Arua regions. The project had a goal to reduce HIV transmission and improve care of persons living with TB/HIV in Eastern and West Nile Districts of the Republic of Uganda. Clients accessing HCT increased from <100,000 to 554,065 annually. Over

100,000 pregnant and lactating mothers received PMTCT services with 94% of the HIV positive were enrolled into care.

Baylor-Uganda was a Prime Recipient for the 5-year SAINTS project (October 2010- September 2015 with a no cost extension to March 2016). The project scope was national. Valued at USD 11,002,783, SAINTS collaborated with the MOH, Ministry of Education and Sports, and other capacity building organizations to increase the availability and equitable distribution of well-trained health workers in Uganda. Pre-service training was strengthened by provision of 2400 scholarships for laboratory and midwifery cadres, with bonding; curriculum development; and equipping laboratory and midwifery training institutions to improve training quality. National systems for planning, coordination, standardization, certification, accreditation and supervision of both pre- and in-service training were strengthened and in-service trainings provided to 3062 health workers. Fifteen districts were supported with human resource information systems for health worker training coordination.

Cooperative Agreement #5U2GPS003057-04: Saving Mothers, Giving Life (SMGL)

Baylor-Uganda in partnership with the US government and the MoH piloted the Saving Mothers Giving Life (SMGL) project in 2012, to reduce maternal mortality rates by 50% in three districts of Kabarole, Kyenjojo and Kamwenge in the Fortportal region. The follow on 5-year project (September 2012 to March 2017 with extension to March 2018) aims to improve access to and utilization of quality obstetric care by increasing the proportion of pregnant women receiving quality antenatal, skilled delivery and post-partum care and increasing access to and quality of care for newborn babies. The project is valued at \$13,162,277, with Baylor-Uganda as a Prime Recipient. There has been a great improvement in infrastructural development and human resource capacity which have led to increases in the number of deliveries, antenatal and postnatal attendance. This has contributed to a reduction of maternal mortality by 54% and increased health facility deliveries by 60% by June 2017.

Sustainability

Baylor-Uganda has leveraged its position as a PEPFAR regional implementing partner in Fort Portal region to widen its funding base. Baylor funders include PEPFAR via CDC, Elma philanthropies, Comic Relief (PEPAL), Every mother Counts, the NIH, corporate organizations like Barclays Bank and Foundations such as the American Foundation for Children with Aids, Clinton foundation. Such support is testimony to Baylor's burgeoning strive for excellence and consistent high quality service delivery coupled with reliable financial and administrative management systems.